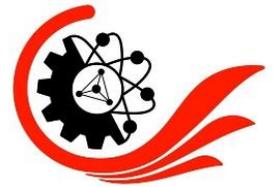




**National Institute of Technology Calicut
Materials Science and Engineering Department
SEM CENTRE**



Request Form

Personal Details

Name Reg. No

Department..... Institute

Phone No Email.....

Sample Details:-

No of Samples	Sample Details (expected size, shape etc)	Conducting or not	Required Resolution

Analysis Details:-

Secondary Electron Image Backscattered Electron Image X-ray Analysis (EDS)

Recommendation from Guide/Supervisor

Name of guide/supervisor..... Department.....

Certify that Mr/Miss/Mrs/Dr..... is working under my guidance and he/she is doing SEM analysis for his/her academic/research purpose only.

Signature of Guide/Supervisor.....

Date:-.....

Place:.....

.....

For Office Use

Payment Details

Receipt No..... Amount..... Date.....

Signature of SEM Centre Manager