



**National Institute of Technology Calicut**  
**School of Materials Science and Engineering**  
**SEM CENTRE- (S E M & A F M) DSS code: 132801**



AFM REQUEST FORM

Request Form

**Personal Details**

Name ..... Reg. No .....

Department..... Institute .....

Phone No ..... Email.....

**Sample Details:-**

No of Samples	Sample Details/ Name	Sample Type	Remarks

**Analysis Details: -**

Topography/Error signal     I -V Spectroscopy     F-D Curve

**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 AFM 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 .....