



National Institute of Advanced Manufacturing Technology

Central Instrument Facility

Requisition form for FESEM/EDX/EBSD (CPDA users)

Date: _____

Name of the user:	Name of the supervisor:
Course: Ph.D. / M. Tech / B. Tech / ADC	Department:
Contact No.	No. of Samples submitted:
Email ID:	Nature of samples: Hazardous / Non-hazardous

Test/s to be done: Please provide the following details:

Sample Numbers	1	2	3	4
Sample Name				
Imaging / EDX / EBSD				
Detector type (SE/BSE)				
Requisite Magnification				
Acceleration Volts				
Expected & Major elements present				
Working Distance				

Remarks, if any:

Payment Details

Test / Analysis	Imaging	EDX	EBSD
No. of samples			
Amount (Rs.)			
Total Amount (Rs.)			
Total amount to be deducted from	CPDA of Prof./Dr. _____		

Details are entered in CPDA register book at page No. _____ and serial no. _____

Signature of user

Signature of supervisor

Signature of HOD

For CIF office use – FESEM Facility

Details are entered in FESEM lab register book at page no. _____ and serial no. _____

Date of Completion:

Signature of Technician

Amount to be transferred Rs. _____

Signature of Chairman – CIF

Note: Duly filled SP-02 form needs to be attached with this requisition form