



CENTRE FOR INSTRUMENTATION AND MAINTENANCE FACILITY
(CIMF)

PERIYAR UNIVERSITY, SALEM – 636 011, TAMIL NADU, INDIA

**REQUISITION FOR THE DATA COLLECTION OF SAMPLE(S) FROM
SCANNING ELECTRON MICROSCOPE WITH EDX (SEM-EDX)**

User Information

Date:

Name	
Designation	JRF / SRF / RA / FACULTY / Others (Specify)
Affiliation	
Address for communication	
Billing address	
Mobile / Telephone Number	
E-mail Address	
Purpose for which the measurement is requested	
Broad Research Area / Topic	

Ref. No. Date. Amount..... Bank

Certify that the sample(s) submitted belong to the above addressed user. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the equipment from CIMF, Periyar University, Salem. I will intimate the details of publication reference (Journal name/volume Number/names of the authors/date of issue of the publication etc) to CIMF.

Signature of user / Research Scholar

Signature of Research Supervisor / Faculty
(with seal)

Signature of SEM-EDX In-charge

Sample Details

Nature of Sample	Biological / Geological / Nanoparticle / Chemical / Others
No. of Samples (Maximum 5 samples are allowed per requisition)	
Sample ID	
Thickness of the sample	1 cm ³ & the size of thin film 1 x 1 cm
Sample condition	Sample should be in dry condition. Biological samples will be accepted only after primary fixation with suitable fixative.

Analysis to be carried (Please tick the appropriate item(s))

High Vacuum	
SEM viewing (5 images)	<input type="checkbox"/>
SEM viewing + EDX	<input type="checkbox"/>
Multipoint > 5	<input type="checkbox"/>
SEM viewing + EDX Mapping	<input type="checkbox"/>
Low Vacuum	
SEM viewing	<input type="checkbox"/>
SEM viewing + EDX	<input type="checkbox"/>
Multipoint > 5	<input type="checkbox"/>
SEM viewing + EDX Mapping	<input type="checkbox"/>

Note: The SEM & EDX analysis will be collected only after the receipt of payment.

Charges for the measurement should be sent through an advance online payment drawn in favor of “**The Registrar – CIMF Instruments, Periyar University**” along with the samples, to **The Director, Centre for Instrumentation and Maintenance Facility (CIMF), Periyar University, Salem – 636 011.**

FOR CIMF OFFICE USE ONLY

User Ref. No.

PU	CIMF	SEM-EDX				
-----------	-------------	----------------	--	--	--	--

Signature of the Director, CIMF	
Requisition Number	
RTGS / IMPS / NEFT / Pay-in-Slip / UPI	Ref. No: _____ Amt: Rs. _____ Date: _____ Name of Bank: _____
Date of SEM & EDX analysis Completion	