



**Dynamic Light
Scattering(DLS)
Facility
Requisition Form**



**Advanced Materials Research Centre (AMRC), Kamand Campus
Indian Institute of Technology Mandi, Himachal Pradesh-175075
Email: amrcoffice@iitmandi.ac.in**

User Information

User: _____ Supervisor: _____ Date : _____

- Name of Institute/University: _____
- Contact no & E-mail Id: _____
- Billing Address: _____

User From: IIT Mandi (___) Academic from Himachal-Pradesh (___)
Academic from outside Himachal-Pradesh (___) Industrial User (___)

Samples Details & Payment Details

No. of Samples: Transaction id: Amount Rs.:

Analysis Details

S.No	Sample ID	Amount of sample /g	Solubility of the compound	Nature of the sample	Any remarks
1					
2					
3					
4					
5					
6					
7					
8					

Undertaking :

I, _____ the undersigned hereby declare that the samples being supplied for analysis are for academic and/or research and development purpose only and the results of the analysis will not be used for settling any legal issues.

Signature of research scholar/ indenter

**Signature of the Supervisor
(with stamp)**

Name

Designation

Terms and Conditions:

- ❖ Analysis on samples will be done only after receiving the analytical charges and complete details of analysis.
- ❖ External users will not be allowed to handle instruments under any circumstances.
- ❖ IIT Mandi reserves the right to return the samples without performing the analysis and refund the analytical charges under special circumstances.
- ❖ If user want to get the original receipt or samples back then they have to send the envelop with fixed the post ticket.

Address for Correspondence:

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