

**S.N.BOSE NATIONAL CENTRE FOR BASIC SCIENCES**  
**BLOCK – JD, SECTOR – III, SALT LAKE, KOLKATA – 700098**  
**EQUIPMENT UTILIZATION FORM (INTERNAL)**

**NAME :** .....

**DESIGNATION :** .....

**DEPARTMENT :** .....

**E-MAIL :** .....

**CONTACT NO. :** .....

**EQUIPMENT TO BE USED**

**XRD**

**ESEM**

**EDAX**

**AFM**

**VSM**

**TG/DTA**

**ELLIPSOMETER**

**DLS**

**SPUTTERING/EVAPORATION**

**SAMPLE SPECIFICATION :** .....

**NUMBER OF SAMPLES :** .....

**SCAN RANGE :** .....

**ESTIMATED USAGE TIME :** .....

**FILE NAME :** .....

**NAME OF THE SUPERVISOR :** .....

.....  
**SIGNATURE OF SUPERVISOR**

.....  
**SIGNATURE OF USER**

**DATE :** .....