

S. N. BOSE NATIONAL CENTRE FOR BASIC SCIENCES

BLOCK JD, SECTOR III, SALT LAKE, KOLKATA-700 098

EQUIPMENT UTILIZATION FORM

NAME:

DESIGNATION:.....

ORGANIZATION :.....

E-MAIL:.....

CONTACT NO:.....

EQUIPMENT TO BE USED

XRD

ESEM

EDAX

AFM

VSM

SAMPLE SPECIFICATION:.....

TYPE OF SAMPLE:.....

SCAN RANGE:.....

FILE NAME:.....

NAME OF THE SUPERVISOR:.....

RATE (Rs/-):.....

.....
SIGNATURE OF USER

(FOR OFFICE USE ONLY)

NO OF SAMPLE:

HRS:

MACHINE USED:

DATE:

OPERATOR'S SIGNATURE