

**To be filled by the operator**

Submission Date & Time:

File No.:

**S.N.Bose National Centre for Basic Science  
Block-JD, SECTOR-III, SALT LAKE, KOLKATA-700098**

**LOW TEMPERATURE MAGNETO-TRANSPORT MEASUREMENT SYSTEM  
(OXFORD TESLATRON)**

**UTILIZATION FORM FOR INTERNAL USER**

Faculty Name:.....

Designation:.....

Email:.....

Contact No.:.....

User Name:.....

Designation:.....

Department:.....

Email:.....

Contact No.:.....

Sample Specifications: .....

Type of Sample: .....

Proposed Measurement: .....

No. of days required: .....

Justification for use (Mandatory): .....

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Signature of the Faculty Member

Signature of the user