



# Central Advanced Facilities for Material Characterization

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**CAFMC**

## Characterization Request form

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ (Faculty, PhD, M. Tech, B. Tech student etc.)

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Affiliation (with complete address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment required: \_\_\_\_\_ No. of samples: \_\_\_\_\_

Sample details (Name and form (powder, thin film etc.): \_\_\_\_\_

Sample preparation required (If any) \_\_\_\_\_

Toxic: (YES/NO) \_\_\_\_\_ Magnetic/Non-magnetic \_\_\_\_\_

Any additional Information : \_\_\_\_\_

Preferred Date and time slot (if any): \_\_\_\_\_

Name & Sign of Guide/Supervisor: \_\_\_\_\_  
\_\_\_\_\_

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**For office use:**

Characterization done by (Name & Sign): \_\_\_\_\_

Total charge for measurement \_\_\_\_\_ (Including GST), In words: \_\_\_\_\_

Payment Ref. Number: \_\_\_\_\_ Requested date of measurement: \_\_\_\_\_

Actual date of measurement: \_\_\_\_\_ Comments and Sign of Co-Ordinator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_