



CENTRAL SOPHISTICATED INSTRUMENTATION FACILITY

UNIVERSITY OF CALICUT

REQUISITION FORM FOR AFM ANALYSIS

UOC Affiliated	☐	Other Academic Institutes	☐	R&D Lab/Institutes	☐	Industries	☐
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Date: __/__/__

1. Name: 2. Designation:
3. Billing Address:
4. Email ID: 5. Mobile number:

Sample details:

1. Scan mode: Contact ☐ Tapping ☐
(✓ Tick only one)

2. AFM ☐ MFM ☐ C-AFM ☐
(✓ Tick only one)

2. Substrate: _____ (Mica/Glass plate/Metal disc)

Sl No.	Sample Code	Sample Type (Film/Polymer/Magnetic/ Biological/Drop casted)	Required Scan Size (2nm ² -100um ²)	Requirements if any
1				
2				
3				
4				

Sample Guidelines

- Only rigid smooth thin films are accepted for analysis. A "typical" size of sample for the multimode is 8 mm x 8 mm. Thickness should be less than 4 mm. The maximum possible size for the multimode sample stage is a circle of 15 mm diameter, but only the central part will be available for analysis.
- Dry powders are a problem for AFM. Re-suspending in water, followed by dilute dispersion onto freshly cleaved mica/glass plate, then thorough drying will result in particles getting fixed to the surface.

TERMS AND CONDITIONS

- Please specify the nature of your sample if it contains any toxic/ flammable/ hazardous/ explosive component. If the sample causes any harm at any instance of the analysis, it will be the responsibility of the user to suitably compensate CSIF for the same.
- Potentially hazardous samples will not be accepted for analysis.
- The results provided by CSIF will depend on your sample. However, any clarification regarding the results has to be cleared in a week from the date of despatch of results.
- The samples will be stored only for two weeks after analysis.
- All users are required to acknowledge CSIF, University of Calicut while publishing the results in journals, dissertation, thesis etc. A copy of such publication must be submitted to CSIF for reference and record via Email: csiftechnical@uoc.ac.in
- The charges (if any) have to be paid at the time of delivery of samples for analysis. All the payments should be made to the CSIF, University of Calicut.
- Partially filled form and form without office seal will be summarily rejected.

I/We agree to the above terms and conditions.

Signature of user

Signature of Supervisor

Signature of Head of the Department
(with seal)

FOR OFFICE USE ONLY

Request number : Received date :
Name of Operator :
Date Completed :

Signature of the operator