



CENTRAL SOPHISTICATED INSTRUMENTATION FACILITY

UNIVERSITY OF CALICUT

REQUISITION FORM FOR FESEM ANALYSIS

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

1. Name: 2. Designation:
3. Billing Address:
4. E-mail Id: 5. Mobile Number:

Sample details: NON –BIOLOGICAL Samples

Sl. No.	Sample Code	Nature of Sample ¹	SEM/ SEM-EDAX	Sample type ²	Requirements	Required coating
1						Yes/No
2						Yes/No
3						Yes/No
4						Yes/No
5						Yes/No

¹Liquid / Foil / Powder / Film / Crystal (sample should be dry)

² Metallic / Ceramic / Polymer

Sample details: BIOLOGICAL Samples

Sl. No.	Sample Code	Size of Sample (mm ³)	Nature of Sample ³	SEM/ SEM-EDAX	Sample Condition ⁴	Dehydration Medium	Required CPD
1							Yes/No
2							Yes/No
3							Yes/No
4							Yes/No
5							Yes/No

³Plant/Plant part/Animal/Animal part

⁴Unprocessed/Prefixed in Gluteraldehyde

Note: 1. Samples must meet quality for imaging (Properly pre-treated and dried samples are only accepted)

2. Powder samples quantity must be 0.5 g (minimum), thin film size must be below 1x1 cm²

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 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 No. and Received date :
Name of Operator :
Date Completed :
Invoice Number and Date :
Challan/DD No. and Date :

Signature of the operator