

Requisition Form for XPS Measurements
CENTRAL RESEARCH FACILITY
Indian Institute of Technology (ISM) Dhanbad
Dhanbad-826004

No.: _____ **Date of submission:** _____

IMPORTANT NOTES:

- i. Samples in the form of powder or gel or those which can degas in ultra-high vacuum will strictly not be allowed. Sample(s) **should not contain radioactive isotopes.**
- ii. There will be a vacuum check of samples prior to loading inside the XPS chamber. The sample(s) must be handed over to the lab in the previous evening for vacuum check.
- iii. The sample composition and its preparation should be mentioned.

1. User's Profile

Name of the User: _____ Tel. / Mob. No.: _____

Admission No./Emp.Code : _____ Department / Centre: _____

Name of the supervisor: _____

Name of the Institute / College / R&D Lab/ Industry _____

1a. Category(Please tick any)

Category I: (Internal Users)

Category II: (Users from Academic Institution)

Category III (Users from Government funded National laboratory)

Category IV (Users from industry or private laboratory)

2. Brief description of the samples(s) to be measured

Composition/Formula: _____ No. of samples to be measured: _____

Form (please tick):

Solid (bulk)

Pellet

Thin Film

Method of Preparation (in brief):

3. Desired Options (please tick)

a. Surface cleaning by sputtering:

Yes

No

b. Mode:

Surface
Survey (XPS)

Depth Profile/

Maximum depth = _____ nm

Angle-Resolved
XPS

Line (line analysis) / Map (mapping)/***Charge
Neutralization**

c. Element-specific Scan:

Yes

Elements: _____

No

Details of analysis Charges:

The estimated charge for the work ₹ (In words)
.....) has been deposited through [†]DD (Number) /[†]Cash payment in the IIT (ISM)
Dhanbad Cash counter (Receipt No.) on (date) /

OR

To be debited from (**For internal users only: PDA/PDF/Project**):

[†] Please provide the original DD / CC of cash receipt along with this form.

Signature of the User /Faculty /Supervisor /PI

For Official Use Only

To be filled up at the XPS Laboratory

Name of the Operator: _____

Date of analysis: _____

Online Payment details: _____

Total number of hours: _____

Vacuum check status : _____

Data collection details, Name of person, Date/time _____

If any measurement problem should be report _____

Signature of the Operator

- N.B.:**
1. Users are advised to submit a hard copy of the form in the XPS lab.
 2. Please collect the sample, data of the completed scans will be copied on to a new CD.
 3. The user will be informed about the date and time of experiment via e-mail/phone. He/she is expected to be present in the lab during the measurement.

*** Charge Neutralization: For Non -Conducting Sample**

**Faculty In-charge
XPS**