Sophistical Analytical Instruments Division SIMS Lab

Date:

Date:

Name of requisitioner:
ID No. of requisitioner:
Rank, designation, contact telephone number, email of requisitioner:
Samples from CSIR Project / External Samples / Collaborative work:
Project details under which SIMS Analysis is requested:
Sample details:
Number of samples:
Type of Analysis required: Mass spectra (survey scan) / Depth profile / 2D mapping / 3D mapping
Elements to be analyzed:
SRM details:
Charges to be paid by requisitioner:
I certify that the samples given for SIMS analysis are UHV compatible.
(Signature of requisitioner) (Signatue of the concerned DP Leader)
Received the samples along with the data
(Signature of requisitioner / DP Leader)
Received the following samples for SIMS Analysis:

(Signature of staff from SIMS Lab), Phone: 8562/9289

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requisitioner	1.	date	op.
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