



Central Instrument Facility, IIT (BHU), Varanasi-221 005
External Requisition Form Confocal Laser Scanning Microscopy



Nature of Work: UG/PG/IDD/PhD./PDF/Project/ Consultancy/ Industry. (Pl. Tick)

Req. No.:

User Information

Name of Indenter:

Name of Supervisor/PI (in case of PhD/Dissertation/Project): Employee ID:

Name & Address of Department/School:

Phone Number: Email:

Date:

Number of Samples: **(Maximum Five Sample in One Form)**

Signature of the indenter

Sample Type: (Solid_____/Film_____) **(Tick Appropriate)**

Sl No.	Name of Sample	I. Description of The Sample			
		Cells/Tissue Fixed on the glass slide	Live Cells	Plant Cells /Tissue	Other
1.					
2.					
3.					
4.					
5.					

ii. Materials Surface Topography:

iii. Resolution required or any other technical information:

Pl. Specify if sample is **Toxic/ Hazardous/ Explosive/** etc.:

Do you want to present during the characterization or not?

Sample required be to preserve or not: Yes/ No (If NO mode of disposal):

Special request (if any):

Signature & Remark of Operator:Date & Time.....

✂ - - - - -

Requisition Number (CIF Office will provide) :	
Payment: Payment mode DD/NEFT/RTGS/Net Banking etc. (GST 18% extra applicable)	
In Favour of	Registrar, IIT(BHU), Varanasi
Name of the Bank - State Bank of India	IFSC Code - SBIN0011445
Name of Branch - IT, BHU, Varanasi	
DD No.	Bank Name & Branch:
Pl. Deduct Rs.	
CIF: Professor In charge	Faculty Member/PI /HoD/Coordinator (Signature with seal)

Expenditure may be debit/credit to:

Minor Head: **IDF**

Minor Sub Head: **Income from CIF**

PASSED FOR PAYMENT/ ADJUSTMENT

For Rupees

Asst.

S.O.

A.R.

D.R.