



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



☐ IIT(BHU) User   ☐ BHU User   ☐ External Academic/R&D User   ☐ Industry User   Date: .....

**USER INFORMATION:**

**Form No.:**.....

<b>Name of Indenter</b>	
<b>Name of Supervisor/Head</b>	
<b>Nature of Work:</b> UG/PG/IDD/PhD. /PDF/Project/ Consultancy/ Industry	
<b>Employee ID</b>	
<b>Name and Address of Department/School/Organization</b>	
<b>Contact number</b>	
<b>Email Address</b>	

**Sample Information:**

Sl No.	Sample - 1	Sample - 2	Sample - 3	Sample - 4	Sample - 5
Name of Sample					
Sample Details (Tissue/ live / Plant Cells/others)					
Experimental Parameters (DIC/ Fluorescence)					
Objectives (10X, 20X, 40x, with Water), 50x, 60X with oil)					
Laser Lines -405,488,560, 640 nm					
Fluorescence Filter Sets (DAPI/ Rhodamine)					

Resolution required: .....

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.....

<b>For Internal User Only:</b>	<b>External User: Payment mode NEFT/RTGS/Net Banking etc. (GST 18% extra applicable)</b>	
Total Charges Rs.	Details of the Account Holder	<b>Registrar, IIT(BHU) Sponsored Project</b>
<b>A. Research Support Grant / CPDA:</b>	Bank Name & Branch	<b>State Bank of India (IIT-BHU Branch)</b>
<b>B. Project Contingency (Project code):</b>	IFSC Code:	<b>SBIN0011445</b>
	Account No.:	<b>32681045234</b>
<b>C. Department/School Operating Grant/Others:</b>	Transaction Amount:	
	Transaction/UTR No:	
<b>Prof. In-charge, CIF</b>	<b>Signature &amp; seal of the Supervisor/Head</b>	<b>Signature of User/Indenter</b>

**FOR USE IN FINANCE OFFICE**

<p><b><u>Expenditure may be debit/credit to:</u></b></p> <p>Major Head: Sponsored Project Current Account (32681045234)</p> <p>Minor Sub Head: <b>R&amp;D/CIF/25-26/781</b></p>
---

<b><u>PASSED FOR PAYMENT/ ADJUSTMENT</u></b>			
For Rupees .....			
Asst.	S.O.	A.R.	D.R.

*All users are required to acknowledge the use of CIF equipment / CIF facility and the person(s) providing the technical help in all their research publications/ articles resulting from the use of CIF. A copy of such publication must be submitted to CIF for reference and record. Email: office.cif@itbhu.ac.in*