



Indian Institute of Technology, Kanpur

SQUID-VSM Facility

Magnetics Laboratory, Room No. 105 ACMS, Phone: 0512-2596031

Requisition Form for Magnetic Measurement on SQUID/VSM Facility

User name: _____ Roll No./PF No.: _____

Department/Unit: _____ Email & Phone: _____

Name of supervisor/Project PI: _____

Measurement Required (please circle): **M vs H/M vs T**

(Temperature range 4k to 300K, Maximum field 6.5 Tesla)

Sample analyzing (scan) details: Please mention range of temperature, and applied field (writes on reverse or attach any addition sheets if required for the complete protocol)

No. of sample: _____ Type of Sample (Thin film/ Bulk): _____

Are the samples non-volatile: _____ Chemical formula/

Non-exploding/non-reactive? _____ Name of the compound: _____

Project No. to be Charged : _____

I hereby authorize the transfer of an amount of Rs. _____ (to be written after the measurement is complete) at the current user charges* to the **LDA No. 2016115** from the project account number provided above. This is a payment towards the use of the facility for the above characterization(s). The final charges will be determined after the measurement is completed and will be verified by the user.

(Signature of PI/Signature of HOD for the Department funds)

Date of measurement: _____

Verified by _____

(User name & signature)

FOR MAGNETIC LAB USE

Requisition Number: _____

Date of submission: _____

Date of measurement: _____

Total no of hours: _____

Payment Received: Y/N

Any notes: _____

(Signature of the Operating Personal)

*Current User Charges

IIT K Internal User:

Rs. 2000 per 8 Hours slot with a max of Rs. 4000/- per day(24 Hrs.)

Non-IIT K Internal Users:

Rs. 5000 per 8 Hours slot with maximum of Rs. 8000/- per day(24 Hrs.)