



Indian Institute of Technology, Kanpur

VSM Facility

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

Requisition Form for Magnetic Measurement on VSM Facility

User name: _____ Roll No./PF No.: _____
Department/Unit: _____ Email & Phone: _____
Name of supervisor/Project PI: _____
Measurement Required (please circle): **M vs H @ RT**
(Temperature range RT Maximum field 1.75 Tesla)

Sample analyzing (scan) details 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. 200.00 per sample
Non-IIT K Internal Users: Rs. 750.00+18% GST