

**Usage Request – Form**  
**DSC facility**  
**Advanced Centre for Material Science, IIT Kanpur**  
**Date:**

|   |   |
|---|---|
| Name(PF/Roll No): _____<br>Email/Phone No: _____  | Supervisor's Name: _____<br>Department: _____ |
| <input type="checkbox"/> DSC (Rs 500 per slot) +25Ltr LN2 (3Hrs/Slot)   | Sample details:                               |
| <b>Slot Preference:</b><br>Week-Day: _____<br><br>Time: <input type="checkbox"/> 9:30 am – 12:30 pm (Slot)<br><input type="checkbox"/> 2:00 pm - 5:00 pm (Slot) | User's Signature                              |

Kindly transfer Rs. \_\_\_\_\_ ( \_\_\_\_\_ ) in words, from Project No. \_\_\_\_\_ to Account No. IITK/ACMS/2019191

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 Thesis Supervisor

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 Facility co-ordinator

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