

**Electron Microscope Facility**  
**Department of Materials and Metallurgical Engineering**  
**Indian Institute of Technology Kanpur**  
**Microscope Usage Application for Institute Users**

Name: ..... Department: .....

E-mail: ..... Phone Number: .....

Thesis Supervisor/Project Investigator:.....

Sample Details: Material.....

Magnetic

Powder

Nanophase

Biological

Supervisor's signature

Signature of User

Date:

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**Usage Charge Payment Details**

The facility usage charge at the rate of Rs. 300/1000

Per slot will be paid from Our

Project No.

Department Budget head

Number of slots requested/approved for:

Name and signature

Project Investigator/

Thesis supervisor

Signature of Head of Department

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**For Official Use Only**

Approval Date and Reference Number:

Slot allotted:Date:.....

Session:

Any previous details/history/Accounts position:

Signature of Convener  
Electron Microscope Facility

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