

# CENTRE FOR ENERGY STORAGE TECHNOLOGIES **ANNA UNIVERSITY, CHENNAI 600025**

TAMIL NADU, INDIA

#### **SOPHISTICATED INSTRUMENT ANALYSIS REQUEST FORM**

1.	Name of the User with contact details	Name:			
		Email:		Ph:	
2.	User Type (Tick whichever is applicable)	AU Staff/ Scholar	Other Institution	n's	Industry
3.	Project Title Under Which Working				
4.	Nature of Fellowship	JRF/ SRF/RA	Project Fe	llow	Self-Supporting
	(Tick whichever is applicable)				
5.	Name and Address of the Guide/Mentor with Email & Contact Number	'			
6.	Instrumentation Required	Galvanostatic Cl	harge/	Coin	cell Crimping/de-
	(Tick whichever is applicable)	Discharge studies per hour crimping (		rimping @ RT	
7.	Nature of the Sample				
8.	Number of Samples and Sample ID with Brief Description of the Sample				
9.	Payment Details [Refer the table below for the charges per sample]	DD No	Amour	nt	Bank
	onal geo per sample,				

[The DD should be drawn in Favor of "The Director, Centre for Sponsored Research and Consultancy, Anna University, Chennai-25" Payable @ Chennai].

## **Characterization Charges**

Name of the instrument	Charges per sample (₹) including 18% GST		
	Anna University	Other Educational Institutions	Industry
Galvanostatic Charge/ Discharge studies per hour	59	118	295
Coin cell Crimping/de-crimping @ RT	118	236	590

Certified that the sami	ole submitted belongs	to the user mentioned	d above.

Signa	ature	of th	e User
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Signature of the HOD/ Director with Seal

#### **FOR OFFICE USE**

Date of Completion	
Signature of Director	

## Acknowledgement:

Received the data on completion of analysis.	Signature of the user
Date:	