



CRYSTAL GROWTH CENTRE

UGC National Facility

Anna University, Chennai-600025

Sample analysis requisition form for Optical Stereo Microscope

Name of the Student / User	
Course Registered	
Project title under which working	
Nature of fellowship	JRF/ SRF/ RA (Please Specify)
Name of the Department with full address	
Email-Id/ Mobile Number	
Number of samples	
Nature of the sample	Thin Film/ Crystal/Powders
Image Types	Transmitted/Reflected
Name & Address of the Guide with e-mail id & Telephone Number	
Signature of the Student / User	

Certified that the sample submitted belong to the user mentioned above. We agree to acknowledge the usage of the facility in all publications arising out of the usage of the **Crystal Growth Centre-UGC National Facility**. The details of publications will be intimated to **Crystal Growth Centre**.

Signature of the Guide with seal

Signature of the H.O.D/Director (Student/User) with seal

For office use

Signature of the Director	
Crystal Growth Centre	
Requisition Number	
DD Details	No: Amt: Bank:
Date of completion	
Operator	

Note: DD should be drawn in Favour of "The Director, Crystal Growth Centre, Anna University, Chennai-25" Payable @ Chennai. Data will be supplied only in the New Compact Disc provided by the user.

Acknowledgement: Received the data on completion of analysis.

Name:

Signature:

Date: