

## **CRYSTAL GROWTH CENTRE**

## **UGC National Facility**

## Anna University, Chennai-600025 Sample analysis requisition form for Polling Unit

| 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 and sample ID with brief description of the sample   |  |
| Nature of the sample   | Crystal/ Pellet/ Film                              |
| Maximum Field to be applied (0-5 kV/cm)  |  |
| Duration of Polling  |  |
| Thickness of the sample (0.5 to 2 mm)  |  |
| Dimension ( 20 X 20 mm <sup>2</sup> )  |  |
| 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   | gnature of the 11.0.D/Director (Student/Oser) with |
| For office use   |  |
| Signature of the Director  |  |
| Crystal Growth Centre  |  |
| Requisition Number   |  |
| DD Details N   | o: 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.   |  |

Name: Signature: Date:

**Acknowledgement:** Received the data on completion of analysis.