



# Advanced Instrumentation Research Facility

JAWAHARLAL NEHRU UNIVERSITY  
NEW DELHI-110067, INDIA  
TEL: 011-26704600, 26704560; Tele-Fax: 011-26742604

## Requisition Form for use of Facilities

Approval No.....

S. No.:.....

Date .....

Date:.....

**Instrument to be Used:**.....

Name of Chief Investigator/PI: .....

User Name:.....

Designation:.....

Address:.....

Tel/Mobile No.:..... Email:.....

<b><u>User Category:</u></b>	<b>JNU</b>	<b>Other Govt. Institutions</b>	<b>Industry/Private</b>
<b><u>Mode of Payment:</u></b>	Internal Fund Transfer	Online Transaction/ Reference no. & date	Online Transaction/ Reference no. & date
<b><u>Details:</u></b>			

**Nature of Analysis:** .....

Sample ID:.....

No. of Samples:.....

Storage Cond. :( RT, 40C'(-)21<sup>o</sup>C,etc).....Hazard/Toxicity.....

### Undertaking

- I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by AIRF equipments.
- AIRF shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at AIRF.
- We understand that service tax will apply as per Accounts Section circular no. IX/2/1/2017-18/Finance/ dated 16.05.2017.
- Signature & Stamp of PI/head/Instt/Univ. is mandatory for approve your requisition form.
- I/We shall give due acknowledgement to AIRF and DBT grant (no. BT/INF/22/SP27315/2018, 28/09/2018) in published journals and also inform AIRF about the publications within 3 months.
- In case AIRF and DBT is not acknowledged and informed to AIRF within 3 months. I will not be allowed to use AIRF facilities in the future.**

**Signature of User**

**Signature with Stamp**

Date of submission of requisition: (User Faculty/Dean/Chairperson/Head of Institution/Chief Investigator)

**Signature of AIRF Instrument In-charge**

**For Office Use Only:**

Deposit Amount: .....

Details of Slip: .....

Signature of Depositor: .....



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## Requisition Form for TEM/ SEM

Approval No.....

Date .....

Sample Preparation

EM Viewing

EDX

S. No. \_\_\_\_\_

Date: \_\_\_\_\_

Name of Chief Investigator/PI: .....

User Name:.....

Designation:.....

Address:.....

Tel/Mobile No.:..... Email:.....

<b>User Category:</b>	<b>JNU</b>	<b>Other Govt. Institutions</b>	<b>Industry/ Private</b>
<b><u>Mode of Payment:</u></b>	Internal Fund Transfer	Online Transaction/ Reference no. & date	Online Transaction/ Reference no. & date
<b><u>Details:</u></b>			

Type of Sample: \_\_\_\_\_ Number of Samples: \_\_\_\_\_ Name of fixative: \_\_\_\_\_

Orientation Required:

T.S	L.S	An
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Hazard/Toxicity: .....

### Undertaking

- I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by AIRF equipments.
- AIRF shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at AIRF.
- We understand that service tax will apply as per Accounts Section circular no. IX/2/1/2017-18/Finance/ dated 16.05.2017.
- Signature & Stamp of PI/head/Instt/Univ. is mandatory for approve your requisition form.
- I/We shall give due acknowledgement to AIRF and DBT grant (no. BT/INF/22/SP27315/2018, 28/09/2018) in published journals and also inform AIRF about the publications within 3 months.
- In case AIRF and DBT is not acknowledged and informed to AIRF within 3 months. I will not be allowed to use AIRF facilities in the future.**

Signature of User

Date of submission of requisition

Signature with stamp

(User Faculty/ Dean/ Chairperson/ Head of Institution/Chief Investigator)

Signature of AIRF instrument In-charge

Date of submission of requisition

Note:

- Biological samples will be accepted only after primarily fixation with suitable fixative.
- For TEM, samples should be trimmed into 1.0-1.5mm thick pieces (4-5 pieces for each sample).
- For SEM, samples the thickness may be upto 1 cubic cm.
- Fixation may be done in 2.5% Glutaraldehyde and 2% paraformaldehyde made in 0.1M sodium phosphate buffer (pH 7.2). The fixed samples should be brought at AIRF, JNU in fixative or in phosphate buffer at 4°C preferably between 10am to 1pm (Working days).
- Maximum of 10 samples per requisition form will be accepted for analysis in one day.

**For Office Use Only:**

Deposit Amount: .....

Details of Slip: .....



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JAWAHARLAL NEHRU UNIVERSITY

NEW DELHI-110067

Phone No. 011-26704600, 26738838

Fax No. 011-26741966

Email: [directorairf@mail.jnu.ac.in](mailto:directorairf@mail.jnu.ac.in)

Approval No.....

## Authority Letter

Date .....

I authorize Finance Section/Project Cell to deduct the amount of Rs..... (Rupees.....) for using the Instrument/facility ..... at AIRF. The amount may be deducted from the School's/Centre's – LRE\*.

**\*Central funds operated by the School/Centre must be approved by the Dean/Chairperson before sending it to AIRF.**

It is also certified that necessary entry of the above payment has been entered in the **ACR Register** of our **School/Centre** vide Sl. No.....Page No.....

Signature  
SO/AO/AR

Signature with stamp  
Dean/Chairperson/Director/HOD

**In case the payment is to be made from Projects operated by S&P Section, the following details are mandatorily to be filled.**

Project No..... ACR Sl. No. ....Page No. ....

Project Head titled“.....”  
Project ID.....under the funding agency.....for  
the financial year .....

Signature.....

PI Signature with stamp

Name of the Student.....

Name of the Faculty.....

Name of School / Centre.....

Name of School / Centre.....

Mobile No.....

Tel. /Mobile No.....

Date: .....

Date: .....

(For AIRF Office Use only)

Signature.....

Date:.....

Name of Instrument In-charge.....

Advanced Instrumentation Research Facility

Director, AIRF

(For Finance Section / Project Cell Use only)

Finance Section / Project Cell