GOVERNMENT COLLEGE OF ENGINEERING, BARGUR-635104

DEPARTMENT OF PHYSICS

GCEB USERS FACILITY

REQUISITION FORM FOR GCEB USERS FACILITY

Name & Designation		**Contact Number & Email**	
Address for communication			
Name of the supervisor		**Contact Number & Email**	
Internal(GCEB)/ External/Industry			
Facilities Available	**Powder XRD, FTIR, UV-Visible, PL, Electrochemical workstation, LCR meter, Raman Spectrometer**		

Sample Description:

S. No.	Sample Name/Code	Description of sample (metallic/ non-metallic/ polymer/biological/solvent used etc.,)	Facility Required (XRD, FTIR etc.,)

If any special requirements: _____

DD No. with date: **Name of the Bank with place:**

Amount:

Signature of the Researcher **Signature with date seal**

Date: **(Supervisor/HOD/Institution)**

Office use only

Requisition Number: _____ **Date Received:** _____ **Date completed:** _____

OperatorName: _____ **Signature with date:** _____

Coordinator Name: _____ **Signature with date:** _____