**Requisition Form for Particle Size and Zeta potential Analyzer Facility (For Internal Users) User Information: Date:**

**User Name: Designation:**

**Supervisor name: Department:**

**Broad Research Area:**

**Billing name & address:**

**Contact Number: E-mail Address:**

**Sample specifications**

1. Type and nature of samples: metal/biological/carbon/others (please specify):
2. Tentative size range: [ instrument limit: <1 nm to 10 µm]
3. Density/ specific gravity:
4. Refractive index of colloids (if applicable):
5. Viscosity (if different from water):
6. Code of the samples:

**Mode of experiment: (Please tick √)**

(A) Particle Size ( **)** (B) Zeta potential ( )

**Note**: (1) Zeta potential can be performed only for aqueous Sample

(2) For Zeta potential sample conductivity should be less than 04 mili Siemens/centimetre

**(Special instruction by the user-attached a separate sheet with this form)**

**Instructions for User**

1. Samples should be filtered through 0.22µm filter)
2. No suspended particle should exist (centrifugation and filtration is mandatory, if big particles present)
3. Bring few 5 mL syringes
4. Bring CD if you need the softcopy of the data

* Certified that the sample(s) 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 SAIF/IITP facility. The details of publications will be intimated to the SAIF. Payment for analytical charges is done by bank transfer/Project/PDA/other modes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the user

(Supervisor/PI)

Signature with date and Seal

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***For office use only***

Payment received vides receipt no.

receipt no. ………………… Dated………………… Amount………………… Bank…………………

Job No. / Ref No. \_\_\_\_\_\_\_\_\_\_\_