**Requisition Form for Physisorption/Chemisorption 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 information**

|  |  |
| --- | --- |
| **Sample ID** |  |
| **Service requested**Surface Area alone:Surface area, pore volume, pore size analysis  |  |
| **Nature of sample: microporous/mesoporous** |  |
| **Degassing condition(duration/temperature)** |  |

**Note:**

**Gas available for adsorption:** CO2, CH4, H2, N2

**Amount of sample required: mesoporous** - 200mg **microporous** - 100mg

* 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/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. \_\_\_\_\_\_\_\_\_\_\_