Request for Materials Laboratory Access

Centre for Nano and Soft Matter Sciences
Arkavathi Campus

XRD/Thermo Laboratory – Expert User Lab Access Form

Name: ……..……Email: ……

Supervisor:…… ……

ID No.: Refer to the front side S. No.: Refer to the back side of the ID card

Expert User for the following instrument/s (tick the appropriate):

- ☐ XRD – Rigaku
- ☐ XRD – Xenocs
- ☐ XRD – Panalytical
- ☐ TGA
- ☐ DSC
- ☐ CD Spectrometer
- ☐ Elemental Analyzer
- ☐ Other (please specify) _____

Date: Applicant's Signature:

Forwarded by
Research Supervisor

Remarks: You may indicate access duration

Authorised by
Lab-in-charge
Name of Lab-in-charge: Dr. D. S. Shankar Rao

Remarks: You may indicate access duration

For office use

Access starting date*: ___/___/_____ S. No.:

Access given by: Remarks:

*The access ceases when the applicant requests for 'no-due certificate'.