FORM	NO.	



CENTRAL RESEARCH FACILITY INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

REQUISITION FORM FOR USE OF FEG –SEM MERLIN

INTERNAL

I would like to use the following instrument fact I do also declare that I shall acknowledge the re	
Sample Size	
Use separate forms for different analys	sis/instruments under download link
The estimated charge for the above work is INR.	
Signature of the supervisor withdate:	
Name of the user and supervisor:	
Department/Centre/Institute:	
Please transfer an amount of INR.	as service charge for the above purpose from
the Department Operating Grant or DDF of the Dep	eartment/Centre/Project/Consultancy Code/
FDF to the SRIC Project Code:XYZ-20	or A/c No. RS SB- 95562010000805 (IFSC:
SYNB0009556) kept with SRIC.	
This is to certify that the project/department ha	s sufficient fund under appropriate head.
Signature with Seal of the HoD/HOC/PI of the project	ct
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To, Deputy Registrar (SRIC)	
zopacy regional (orda)	

TERMS & CONDITIONS AND CHARGES FOR AVAILING INSTRUMENT FACILITIES

- For the time slot and other necessary criteria, please contact the concerned staff beforehand
 Repeat of analysis may be done if there is any instrumental or operating error.
- 3. Acknowledge the CRF Facility in the future publication if any.

CHARGES	DURATION	AMOUNT IN INR
Internal(Institute)	1 slot = 1 Hrs	300(Rs.100 extra for gold coating suggested)
Internal(project)	1 slot = 1 Hrs	1500(gold coating included)
External users(academic/R & D)	1 slot = 1 Hrs	3000/-
Industry	1 slot = 1 Hrs	7500/-