

REQUISITION FORM FOR XPS MEASUREMENTS
Central Research Facility, IIT Kharagpur-721302

No.:

Date of submission:

IMPORTANT NOTES:

- i. The form must be filled in completely and properly. Otherwise, it will be cancelled.
- ii. Samples which can **degas** in ultra-high vacuum will **strictly not be allowed**. Sample(s) should not contain radioactive isotopes.
- iii. The sample composition and how it is prepared must positively be mentioned in **section 2**.
- iv. A peer-reviewed reference mentioning XPS result(s) on similar sample(s) must also be provided for guidance.
- v. Any false justification about sample history will disqualify the person for the next 2 months.
- vi. Samples need to be submitted **two** days before the XPS slot date.

1. User's Profile

Name: _____ Designation: _____ Tel. / Mob. No.: _____

Roll No. / EC: _____ Department / Centre: _____

Name of the Institute / College / Industry:- _____

2. Sample Details

Metal/Alloy

Oxide and its Compound

Polymer and Rubber[§]

Ceramic and Advanced Materials

[§] Please be informed that polymer and rubber samples will be measured at low temperatures (120 K) necessarily in order to avoid any chemical breakdown of the sample and any slow physical damage to the instrument.

Sample Composition/Formula/Structure:

_____ - Solid (bulk) Pellet Thin Film Powder*

Form (please tick):

*Convert powders into hard pellets and evacuate it in a desiccator for the XPS measurements. Otherwise, the decision for XPS on the powder itself will be taken by the authorities.

Number of samples (2 samples per slot for XPS spectra): _____

Page _____

Method of Preparation in detail (submit on a separate sheet): Attached?

YES

NO

Reference (hard copy attached): Journal _____

Volume _____

Any other detail: _____

3. Desired Options (please tick)

a. Surface cleaning by sputtering:

YES

NO

b. Mode:

Surface Survey

c. Element-specific Scan:

YES

Elements: _____

NO

d. Any specific feature expected? Please write.

Signature of the user _____

e-mail[†] (write clearly): _____

Date:

Signature of the Supervisor (for Students/RS/Project Staff)

Name of the supervisor (in CAPITAL LETTERS)

N.B.:

1. **Users from IITKGP:** Submit a hard copy of the form, along with the literature reference, in the XPS lab (CRF Old Building, Ground Floor, Room No. 6).

Outsiders: Send the completed form and the literature reference in a zipped format to xpserfiitkgp@gmail.com.

2. The sample(s) must be handed over to the lab two days before the measurement schedule. **Otherwise, the form will be cancelled.**

3. Please ensure that the samples are ultra-high vacuum compatible. Otherwise, the measurements will be abandoned.

4. Please collect the sample and data (bring a new CD) on the next working day after the measurement. USB drive are not allowed.

5. † The user will be informed about the date and time of experiment via e-mail. Please state whether you would like to be present in the lab during the measurement.

* Next requisition will be accepted only after the current measurement is done.

Amount(s) to be paid:

CHARGES	DURATION	AMOUNT IN INR (Survey Scan)
Internal (institute)	1 slot (1 hour)	500/-
Internal (project)	1 slot (1 hour)	2500/-
External users (academic/R & D)	1 slot (1 hour)	2500/-
Industry	1 slot (hour)	5000/-
Samples from abroad	1 slot (hour)	100 USD

Declaration

INTERNAL

Please transfer an amount of ₹ _____ from the Operating Grant of the Department / Centre, account no. ----
----- in SRIC Account No. 95562010000805. Slots will be provided once the proof of fund transfer is provided.

Dy. Registrar (F&A)

**HoD / HoC
(with date and seal)**

PROJECT

Please transfer an amount of ₹ _____ from the sponsored / consultancy project code _____ to the **SEMC** account in SRIC. Slots will be provided once the proof of fund transfer is provided.

Asst. Registrar (SRIC)

**Principal Investigator
(with date and seal)**

EXTERNAL

I agree to transfer the required amount to Account No. 95562010000805, IFSC Code: CNRB0019556.

Name of account holders :- SRIC,IIT KHARAGPUR OR

I agree to pay* the required amount to **The Dean, SRIC, IIT Kharagpur** for the above work through the demand draft/cheque number _____ dated _____.

Signature of the user (outsider)

Declaration by the user

The results recorded will acknowledge “the XPS facility at the Central Research Facility, IIT Kharagpur”, if communicated for publication. A copy of the publication will be submitted to the XPS Lab through e-mail to xpserfiitkgp@gmail.com.

Any special recognition (award, journal cover-page, special citation) of the results will be reported and a copy of the reprint/photograph/award will be submitted to the XPS Lab for internal documentation

Slot allotted date:-

Signature of the user

To be filled up at the XPS Laboratory

Please allot time and complete the work.

In-Charge XPS Laboratory

Name of the Operator: _____

Designation _____

Vacuum check status: _____

Date of Measurement: _____

Signature of the Operator