

Usage Request – Form
Optical Profilometer Facility
Advanced Centre for Material Science, IIT Kanpur

Date:

Name(PF/Roll No): _____ Email/Phone No: _____	Supervisor's Name: _____ Department: _____
<input type="checkbox"/> Optical Profilometer (Rs. 300/slot)Slot-2Hrs	Sample details:
Slot Preference: Week-Day: _____ Time: <input type="checkbox"/> 9:30 am – 11:30 am (Slot) <input type="checkbox"/> 2:30 pm - 4:30 pm (Slot)	User's Signature

Kindly transfer Rs. _____ (_____) in words, from Project No. _____ to Account No. IITK-ACMS-2023696

Thesis Supervisor

Facility co-ordinator

Usage Request – Form
Optical Profilometer Facility
Advanced Centre for Material Science, IIT Kanpur

Date:

Name(PF/Roll No): _____ Email/Phone No: _____	Supervisor's Name: _____ Department: _____
<input type="checkbox"/> Optical Profilometer (Rs.300/slot)Slot-2Hrs	Sample details:
Slot Preference: Week-Day: _____ Time: <input type="checkbox"/> 9:30 am – 11:30 am (Slot) <input type="checkbox"/> 2:30 pm - 4:30 pm (Slot)	User's Signature

Kindly transfer Rs. _____ (_____) in words, from Project No. _____ to Account No. IITK-ACMS-2023696

Thesis Supervisor

Facility co-ordinator