

Usage Request – Form

**Instrumented Nano Indentation/Micro Indentation Facility
Advanced Centre for Material Science, IIT Kanpur**

Date: _____

Name(PF/Roll No): _____	Supervisor's Name: _____
Email/Phone No: _____	Department: _____
<input type="checkbox"/> 3Hrs /Slot Micro Indentation (Rs.250 per slot for Indentation & Rs 400/slot for scratch) Rs 100/Image of Indent or Scratch	Sample details:
<input type="checkbox"/> 3Hrs/Slot Nano Indentation (Rs.450 per slot for Indentation and Rs 700/slot for scratch) Rs. 150/ SPM Image	
Slot Preference: Week-Day: _____ Time: <input type="checkbox"/> 9:30 am – 12:30 pm (Slot) <input type="checkbox"/> 2:00 pm - 5:00 pm (Slot)	User's Signature

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

Thesis Supervisor

Facility co-ordinator