

**Usage Request – Form  
STA facility  
Advanced Centre for Material Science, IIT Kanpur**

**Date:** \_\_\_\_\_

Name(PF/Roll No): _____  Email/Phone No: _____	Supervisor's Name: _____  Department: _____
<input type="checkbox"/> (3Hrs/Slot)      STA Charges (Rs.400/Hrs up to 1000°C Above 1000°C Rs.500/Hrs)	Sample details: _____
<u>Slot Preference:</u> 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/2019191

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Thesis Supervisor

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Facility co-ordinator

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