Job No. Department

**SQUID LABORATORY**

SL 106, Department of Physics Indian Institute of Technology Kanpur,

Kanpur – 208016

**Phone – 0512-259-7541**

**Email:** **bireswar@iitk.ac.in,** **Contact Time: 10:00 – 12:00 hrs**

**Facility to be used:**

MPMS

PPMS

Sample details

**Electrical Resistivity vs T**

**M vs H (Hysteresis)**

**M vs T**

**Electrical Resistivity vs H**

**Thermal Transport vs T**

**Heat Capacity vs T**

Specify Temperature range and steps:

Specify Field range and steps:

# Preferred Date of measurement

**Name of user: E-mail: Phone:**

# Supervisor’s name/group:

## Kindly transfer measurement charges\* to the SQUID – Laboratory account No. LDA/IITK/PHY/2023130

 Signature of supervisor Project Account No. Signature of HOD

(Not required if payment is made from a project)

## For Lab use

Number of samples measured: Total Time taken: Operators Name:

Experimental details on Log Book Page No.: Total Charges: Rs

Operator’s Signature: Name & Signature of user:

**User Charges**

**IITK - Physics Department IITK – Other Department**

**Rs. 2000/- 8 hrs. Slot Rs. 3000/- 8 hrs. Slot**

**Rs. 4000/- 24 hrs. Slot Rs. 6000/- 24 hrs. Slot**