Note: This is a substitute Invoice that should be used only if original invoice could not be printed for some reason. This form has to be signed by the requesting user faculty/PI and submitted to accountant (Mr. Anurag Goel NL-216) prior to the commencement of slot.

Name: ______________________
Dept. ______________________
Roll No./ PF No: ______________________
Email: ______________________
Mobile No.: ______________________
Date for the requested slot: ______________________
Slot requested for: (1 or 2) ______________________
1- (10 am-1:00 pm)/ 2- 3.00 pm to 6:00 pm
Type of Work (Imaging /Imaging and EDX): ______________________
Name of the Supervising Faculty/PI: ______________________
Project no. to be charged: ______________________

I hereby authorize the transfer of an amount as per existing rate (For ME users Imaging = Rs. 1000; ME users Imaging and EDX= Rs.1500; Other than ME users Imaging = Rs.2000; Other than ME users Imaging + EDX Rs. 2500 per slot) to the Lab development account no. IITK/ME/2021302 from my project account no (given above). This is one time payment towards the use of the FE-SEM facility on above date and slot.

Signature of supervisor
Date: