



Indian institute of Technology, Kanpur
SQUID-VSM Facility

Magnetics Laboratory, Room No 105, ACMS, Phone: 0512-2596031

Requisition Form for Magnetic Measurement on SQUID /VSM Facility

User name:

Roll No. / P.F. No.:

Department/Unit:

Email and Phone No.:

Name of the supervisor/project PI:

Measurement Required (please circle) : **M vs H / M vs T / AC Susceptibility**

(Temperature range 4K to 300K,Maximum field 6.5Tesla)

Sample analyzing (scan) details: Please mention the range of temperature, applied field and frequency) (write on reverse or attach any additional sheets if required for the complete protocol)

No. of sample(s):

Type of Sample (Thin film/bulk):

Are the samples non-volatile/: Yes / No

Chemical formula /

non-exploding/non-reactive?

Name of the compound:

Project No. to be charged:

I hereby authorize the transfer of an amount of Rs. _____ (to be written after the measurement is complete) at the current user charges* to the LDA No. 2016115 from the project account number provided above. This is a payment towards the use of the facility for the above characterization(s). The final charges will be determined after the measurement is completed and will be verified by the user.

(Signature of the Project Investigator OR Signature of HOD for Department funds)

Date of measurement:

Verified by

(User name and signature)

FOR MAGNETIC LAB USE

Requisition Number : Date of Submission :
Date of measurement: Total no of hours :
Total Charges :
Payment Received: Y/N

Any notes:

(Signature of the Operating Personal)

***Current User Charges**

IIT K Internal Users: Rs. 1000/- per 8 Hours Slot with a maximum of Rs 2000/- per day (24 Hrs)
Non-IIT K Internal Users: Rs. 1500/- per 8 Hours Slot with a maximum of Rs 3000/- per day (24 Hrs)

(The space below can be used for any additional information)