

**Usage Request – Form**  
**Instrumented Nano Indentation/Micro Indentation Facility**  
**Advanced Centre for Material Science, IIT Kanpur**

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

<b>Name(PF/Roll No):</b> _____	<b>Supervisor's Name:</b> _____
<b>Email/Phone No:</b> _____	<b>Department:</b> _____
<input type="checkbox"/> <b>3Hrs /Slot</b> Micro Indentation (Rs.250 per slot for Indentation & Rs 400/slot for scratch) Rs 100/Image of Indent or Scratch  <input type="checkbox"/> <b>3Hrs/Slot</b> Nano Indentation (Rs.450 per slot for Indentation and Rs 700/slot for scratch) Rs. 150/ SPM Image	<b>Sample details:</b>     <div style="text-align: right; margin-top: 20px;">User's Signature</div>
<b>Slot Preference:</b> <b>Week-Day:</b> _____ <b>Time:</b> <input type="checkbox"/> 9:30 am – 12:30 pm (Slot) <input type="checkbox"/> 2:00 pm - 5:00 pm (Slot)	

Kindly transfer Rs. \_\_\_\_\_ ( \_\_\_\_\_ ) in words, from  
 Project No. \_\_\_\_\_ to Account No. IITK/ACMS/2018463.

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**Thesis Supervisor**

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**Facility co-ordinator**