

Usage Request – Form
BET Facility
Advanced Centre for Material Science, IIT Kanpur

Date:

Name(PF/Roll No): _____	Supervisor's Name: _____
Email/Phone No: _____	Department: _____
<input type="checkbox"/> BET (Rs.1000 per Sample) + 7Ltr Liquid Nitrogen	Sample details:
<u>Slot Preference:</u> Week-Day: _____	User's Signature

Kindly transfer Rs. _____ (_____) in words, from Project No. _____ to Account No. IITK-ACMS-2016094

Thesis Supervisor

Facility co-ordinator

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