



**Indian institute of Technology, Kanpur**  
**Advance Center for Material Science**  
**Electron Microscopy Lab (Room 112)**

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Lab Operators  
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**EBSD User Requisition Form**

Name: \_\_\_\_\_

Roll No./ PF No. \_\_\_\_\_

Department \_\_\_\_\_

Institute (If outside IITK): \_\_\_\_\_

Roll No./ PF No: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Details of sample: \_\_\_\_\_

(attach additional sheet if required) \_\_\_\_\_

Name of the Supervising Faculty/PI: \_\_\_\_\_

Project no. to be charged: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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

I hereby authorize the transfer of an amount as per existing rate (Rs. 500 for every 2 hours) to the Lab development account no. IITK/ACMS/2019351 from my project account no (given above). This is one time payment towards the use of the facility for above characterization.

Signature of supervisor: \_\_\_\_\_

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

(To be filled by Lab-in-charge/ Operator)

Total Charges: \_\_\_\_\_

Date for EBSD run: \_\_\_\_\_

Name of the Super-User/ Operator: \_\_\_\_\_