

IUAC Facility Utilization Request Form

User Information

Full Name (First, Middle, Last)

Email and Contact No

Email: Contact No:

Affiliation & Address

BTR No & LEC

BTR No: Name of the Student (if BTR type is 2):

LEC (if any):

Facilities Required

(One can select multiple options)

- RBS Target Preparation Laboratory Electrical Transport/Noise measurements Micro-Raman FTIR
- Photoluminescence Scanning Electron Microscopy Scanning Probe Microscopy Transmission Electron Microscopy
- UV-Vis absorption spectrophotometer X-ray diffractometer Gamma Chamber

Geochronology: Q-ICPMS HR-ICPMS FE-SEM XRD XRF

Other (not listed above):

Other Details

Proposed Start Date(dd-mm-yyyy): Proposed End Date(dd-mm-yyyy):

TA/DA Required: Yes No

Accommodation Required: Yes No

Past Use of IUAC Facilities for Same BTR No

Have you used IUAC facilities in past: Yes No (if yes please fill the following details)

Name of User	Facility Used	Date From	Date To	Accommodation	TA/DA

Fill and email the form to LEC