

**NATIONAL INSTITUTE OF TECHNICAL TEACHERS TRAINING &
RESEARCH (NITTTR) Sector-26, Chandigarh-160019.**



Applied Science Department: NANOTECHNOLOGY LABORATORY

Form for obtaining permission to use equipment:

AFM PLS (RT) PLS (with temp.) Potentiostat/Galvanostat

1. Name and Contact number of Student: _____

2. Name of the Institution: _____

Academic Others

3. Department and Degree in which enrolled: _____

4. Name of the Supervisor: _____

5. Number of Samples: _____

6. Sample and Substrate details: _____

7. Operating parameters: _____

8. Expected Features: _____

9. Time and Date (requested): _____

UNDERTAKING: I will make sure that I follow appropriate rules and regulations of the laboratory and take up the precautions while working with the instrument. I also state that in case results are published in any research journal, the laboratory will be duly acknowledged.

Signature of student with date

Signature of Supervisor with date

For Laboratory Use

Allotted Date and Time: _____

Payment Details: Amount: Rs. _____ Receipt No. _____ Dated: _____

Signature of Operator

Signature of the HOD