

University Science Instrumentation Centre (USIC)
University Of Delhi, Delhi-110007

Date: ____/____/____

Requisition Form for PPMS – DynaCool

Name of the User/ Scholar			
Name of the Supervisor			
Affiliation			
Contact details of User (Mob. & email)			approx. measurement time required (in hrs.):
Sample description with its code	1.	2.	3.
Nature of Sample Pellet/Thin film/Crystal/Powder	1.	2.	3.
Sample geometry & all dimensions in mm (e.g. LxWxH)	1.	2.	3.
Measurement type (tick and specify the exact measurement required in the available space)	ETO [Y/N]	Resistivity [Y/N]	VSM [Y/N]
	TTO [Y/N]	Heat Capacity [Y/N]	ACMS II [Y/N]
Temp. range, step size (fixed/sweep/other)			
Magnetic Field range with step size (in Oe)			

Kindly fill the following details for all types of measurements:

1. Mass of sample (in mg): _____
2. Sample form: Fragile [] / Brittle [] / Soft [] / any other, specify _____
3. Can sample be greased (Apiezon N/H): _____

Kindly fill the following details for DC Resistivity:

1. Type of measurement required (Two probe/ Four Probe): _____
2. Compatible contacts type used (solder/silver/wire bonding/other): _____
3. Whether contacts Ohmic (Y/N): _____ order of resistance (GΩ/MΩ/other): _____
4. Max allowed I, V, and power for measurement (specify each): _____

Kindly fill the following details for VSM:

1. Expected magnetic nature (Dia/Para/Ferro/Superconducting/Other): _____
2. For M-H, mention the begin and end quadrants and temp.: _____

Kindly fill the following details for AC resistance/I-V:

1. Type of measurement required (Two probe/ Four Probe): _____
2. Peak AC excitation amplitude (V/mA): _____ Excitation frequency (Hz): _____
3. Preamp Gain (autorange/Volts/mA): _____ IV waveform desired: [3pt+/3pt-/5pt+/5pt-]

Kindly fill the following details for Heat capacity measurements:

1. Addenda measurement required (Yes/No): _____ AC drive frequency (Hz): _____

Kindly fill the following details for TTO measurements:

1. Length between contacts: _____ Surface Area: _____ Cross-section: _____
2. Sample Emissivity: _____ Max. Power (mW): _____ Time period: _____

Kindly fill the following details for ACMS II AC susceptibility/DC Magnetisation (DCM):

1. Peak excitation amplitude (Oe/mm): _____ Excitation frequency (Hz): _____
2. For DCM only, measurement type req. with temp range: _____

3. For AC susceptibility only, Measurement mode (Five/three/One point): _____

Additional informations (if any): _____

❖ Are samples hazardous/toxic/explosive or require critical storage conditions? (Yes/No): _____

Important Note: Repeat measurement on any sample will be considered as new/additional job.

Important Instructions for the users:

- Kindly discuss with operator about experiment details prior to filling the form and payment submission. You may email the operator about your queries.
- Please fill up the requisition form correctly. Incomplete form is liable to be rejected.
- Without submission of requisition form measurements will not be done.
- The users shall be allotted the time slots as per the availability. The date and time of measurement will be intimated to the user.
- If user has any specific instructions regarding the analysis, he/she should clearly mention in the requisition form or may discuss with the operator.
- VSM measurements at room temperature for magnetic field below 2T can accommodate max. 02 samples per hour. For magnetic field $\geq 2T$, only one sample can be measured per hour.
- User is expected to be present in person before the commencement of the experiment.
- No responsibility will be taken for damage/loss of sample during sample preparation or analysis.
- Sample collection after measurements must be arranged by users within next four (04) working days. Otherwise, samples will be discarded.
- For user who wish to use Dilution refrigerator must fill **Annexure-I** along with requisition form, without which the request may not processed.

Signature of the Student/Scholar/ User
Course:

Signature of the Supervisor
with seal

Signature
(Director USIC)