

University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date _____

Requisition form for using the facility of VSM

1. Name of the Scholar _____
2. Name of the Supervisor _____
3. Number of samples & Sample Code _____
4. Nature of samples (Powder / Film) _____
5. Magnetic Field Range Required _____
6. Measurement Temperature _____
7. Student e-mail ID _____

Recommendation (if any) _____

Instruction

- i) Bring blank CDs for data
- ii) This request is valid for one turn on the instrument
- iii) The appointment would be given on first come first basis or depending on the load on the instrument
- iv) The powder samples should be prepared by the user only.

Signature of Student / _____
Scholar
Course _____
Contact Number _____

Signature _____
of the Supervisor
Department _____
(with Seal)

Signature _____

Director, USIC