

SEM Lab Access- Permission Form

Name of User: _____
Ph.D. Regn. No.: _____
Department: _____
Cell No.: _____
Name of Supervisor: _____
No. of Samples : _____
Description of Sample: _____
Mention if Toxic: _____
Powder/Film/Metallic/Biological: _____
Mention if **Gold Coating** required: _____
Mention if EDS is required: _____

Instrument is free to be availed for independent usage during the below mentioned time slots.

(Signature SEM System Operator)

Date: _____ Time of Opening Lab: _____ Time of Lab Closing: _____

Date: _____ Time of Opening Lab: _____ Time of Lab Closing: _____

I declare that I can operate the SEM and EDS m/c independently and if any breakdown takes place, I shall be fully responsible. I will submit the form in lab after completion of work.

(Signature of Candidate)

(Signature of Supervisor)

**(Signature of I/c
Central Research Facility)**

For security personal use:-

Date: _____ Time of Opening Lab: _____ Time of Lab Closing: _____

Date: _____ Time of Opening Lab: _____ Time of Lab Closing: _____

Signatute:- _____

Name of security personal :- _____

Note:

1. Eatables are not allowed in the SEM lab.
2. Use of shoes in the working area is not allowed.
3. Use of Pen Drives on the system is strictly prohibited.
4. Switch off the lights, SEM instrument, System carefully, before leaving the lab.
5. Only user is allowed to sit/work in the SEM lab during permission time period.
6. Clean the work table and stubs properly after completion of work.