



CENTRAL UNIVERSITY OF JAMMU
CENTRAL INSTRUMENTATION FACILITY
 Rahya Suchani Bagla Samba-181143, J&K, India

REQUISITION FORM FOR IV & PHOTODETECTION MEASUREMENT

Email: head.cif@cuammu.ac.in ; office.cif@cuammu.ac.in **(Payment should be credit in: Central Instrumentation Facility, CUJ A/c No.0902040520000032 IFSC:JAKA0RAHYAA)**

User Information

User Type (Please tick as applicable)	:	Central University of Jammu <input type="checkbox"/> other Educational Institutions <input type="checkbox"/> R&D Labs <input type="checkbox"/> Industries <input type="checkbox"/>
Name:	:	
Designation:	:	
Supervisor Name	:	
Research Area	:	
Department & University / Institution/College	:	
Billing Name & Address	:	
Phone/ Mobile Number	:	
E-mailAddress	:	

Sample Details

No. of Samples*: _____ **Sample ID* :** _____
Voltage range of Scanning: _____ **Mode of Measurement *:** IV [] IT []
Geometry of Measurements: Top – Top [] , Top – bottom []
Photodetection with: white light [], 405 nm [], 532 nm [], 635 nm [], 650 nm [], 782 nm [], 840 nm []
Nature of Sample: Explosive/Toxic/Hygroscopic/Light-Heat-Air sensitive
Sample requirement: thin film
 Sample size: Minimum (1 x 1 cm²)

Payment Details

Amount paid:....Draft No/ Transaction ID.....Dated:.....

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/Institution

Signature of user

Supervisor's Signature

Signature of Head of Department
With official Seal

Signature of Lab Incharge

For office use only

Payment received vides receipt no.....DD/cash.....Dated..... Amount:

Job No./Ref No. _____