



**CENTRE FOR NANOSCIENCE AND NANOTECHNOLOGY,
BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI – 620 024.**

REQUISITION FORM FOR NANO USER FACILITY (DLS)

Name & Designation		Contact Number E-mail	
Address for communication			
Name of the Supervisor		Contact Number E-mail	
Internal(BDU)/ External/Industry			

Sample Description:

S. No	Sample Index	Dispersant				Material		
		Name	RI*	Viscosity	Dielectric constant	Name	Absorption	RI*

Your sample needs to meet all these criteria :

- Clear, without any visible precipitation or solid impurities
- No air bubbles
- Minimum sample requirement : 2 mL

*RI – Refractive index

DD No. with date:

Name of the Bank with place:

Amount:

Declaration: I declare that the sample described above is of a non-hazardous nature and poses no threat to the health and welfare of persons handling and using the said sample.

Signature of the Researcher

Signature with date & seal

Date:

(Supervisor/ HOD/Institution)

Office use only

Date of receipt of Sample:

Date of analysis completed:

Remarks:

Signature of the Coordinator