



# Request for Materials Laboratory Access

Centre for Nano and Soft Matter Sciences

Arkavathi Campus

Micro/Spectroscopy Laboratory – Expert User Access Form

Name: .....

Supervisor:.....

ID No.: Refer to the front side      S. No.: Refer to the back side of the ID card

Expert User for the following instrument/s (tick the appropriate):

- |   |   |
|---|---|
| <input type="checkbox"/> AFM                          | <input type="checkbox"/> FTIR                       |
| <input type="checkbox"/> Confocal POM                 | <input type="checkbox"/> KEYENCE Digital Microscope |
| <input type="checkbox"/> Confocal Raman               | <input type="checkbox"/> POM                        |
| <input type="checkbox"/> Contact Angle                | <input type="checkbox"/> Spectrofluorometer         |
| <input type="checkbox"/> DFM                          | <input type="checkbox"/> Stylus Profilometer        |
| <input type="checkbox"/> Ellipsometer                 | <input type="checkbox"/> UV-Visible Spectrometer    |
| <input type="checkbox"/> Other (please specify) _____ |   |

Date:                                  Applicant's Signature:

Forwarded by                                  Remarks: You may indicate access duration  
Research Supervisor

Authorised by                                  Remarks: You may indicate access duration  
Lab-in-charge  
Name of Lab-in-charge: Dr. Ashutosh K Singh

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For office use

Access starting date\*: \_\_\_/\_\_\_/\_\_\_\_\_ S. No.:

Access given by:                                  Remarks: