



Request for Materials Laboratory Access

Centre for Nano and Soft Matter Sciences

Arkavathi Campus

TSAMRC 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"/> 3D mixer | <input type="checkbox"/> Rubbing machine |
| <input type="checkbox"/> 3D printer | <input type="checkbox"/> Scratch tester |
| <input type="checkbox"/> Bath sonicator | <input type="checkbox"/> Screen printer |
| <input type="checkbox"/> BET surface area | <input type="checkbox"/> Slot die coater |
| <input type="checkbox"/> Environmental test chamber | <input type="checkbox"/> Spray pyrolysis |
| <input type="checkbox"/> Geer oven | <input type="checkbox"/> Stereo zoon microscope |
| <input type="checkbox"/> Homogenizer | <input type="checkbox"/> Vacuum furnace |
| <input type="checkbox"/> Particle size analyser | <input type="checkbox"/> Scratch tester |
| <input type="checkbox"/> Probe sonicator | |
| <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. H. S. S. R. Matte

For office use

Access starting date*: ___ / ___ / _____ S. No.:

Access given by: Remarks:

*The access ceases when the applicant requests for 'no-due certificate'.