

# University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date \_\_\_\_\_

## Requisition form for using the facility of VSM

1. Name of the Scholar \_\_\_\_\_
2. Name of the Supervisor \_\_\_\_\_
3. Number of samples (max. 4) \_\_\_\_\_
4. Nature of samples (Powder / Film) \_\_\_\_\_
5. Magnetic Field Range Required \_\_\_\_\_
6. Measurement Temperature \_\_\_\_\_

I / we shall take responsibility for maintain the instrument and helping other students

Recommendation (if any) \_\_\_\_\_

### Instruction

- i) Bring blank CDs for data
- ii) This request is valid for one turn on the instrument
- iii) The appointment would be given on first come first basis or depending on the load on the instrument

Signature of Student /	_____	Signature	_____
Scholar		of the Supervisor	
Course	_____	Department	
Contact Number	_____	(with Seal)	_____

Signature \_\_\_\_\_

Director, USIC