IUAC Facility Utilization Request Form

User Information

Full Name (First, Middle, Last)

Email and Contact No

Email: ___________________________ Contact No: ___________________________

Affiliation & Address

BTR No & LEC

BTR No: ___________________________ Name of the Student (if BTR type is 2): ___________________________

LEC (if any): ___________________________

Facilities Required

(One can select multiple options)

☐ RBS   ☐ Target Preparation Laboratory   ☐ Electrical Transport/Noise measurements   ☐ Micro-Raman   ☐ FTIR

☐ Photoluminescence   ☐ Scanning Electron Microscopy   ☐ Scanning Probe Microscopy   ☐ Transmission Electron Microscopy

☐ UV-Vis absorption spectrophotometer   ☐ X-ray diffractometer   ☐ Gamma Chamber

Geochronology: ☐ Q-ICPMS   ☐ HR-ICPMS   ☐ FE-SEM   ☐ XRD   ☐ XRF

Other (not listed above): __________________________________________________________

Other Details

Porposed Start Date/dd-mm-yyyy: ___________________________ Porposed End Date/dd-mm-yyyy: ___________________________

TA/DA Required:   ○ Yes   ○ No   Accommodation Required:   ○ Yes   ○ No
**Past Use of IUAC Facilities for Same BTR No**

Have you used IUAC facilities in past:  ○ Yes ○ No  
(if yes please fill the following details)

<table>
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<tr>
<th>Name of User</th>
<th>Facility Used</th>
<th>Date From</th>
<th>Date To</th>
<th>Accommodation</th>
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Fill and email the form to LEC