



National Centre for Nanosciences and Nanotechnology,
University of Mumbai (NCNNUM)
Vidyanagari, Kalina, Santacruz (E), Mumbai – 400 098

Request form for Characterization Techniques

Form no: _____

Date: _____

Applicant Name : _____

Email/Mobile no: _____

Designation : _____

Supervisor Name : _____

Name of Dept./
College / University
/ Institution: _____

Characterization Technique Requested: _____

Number of Samples :

Brief Description of Samples: _____

Category (Payment basis/Project/Department): _____

Payment Mode : Project Ref No/Expiry date: _____

DD No /Dated : _____

We hereby agree to give due acknowledgement to National Centre for Nanosciences & Nanotechnology, University of Mumbai, if the data results in a research publication.

Signature
Of Applicant

Signature
of Supervisor/PI

Signature
of Head*

Office Use

No of Sample Scanned		Date of Experiment	
Experiment done by		Net Charges	(Rs):
Operator's Remark			

Name & signature of
System In-charge

*In case of payment through departmental fund signature of **Head of the Department** is mandatory.