**Central Research Laboratory (Unit-I)**

**Service of Analysis:** Scanning Electron Microscope Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: ---------------------------------------- Student ID: ----------------------------------Department / Organization: ----------------------------------------------------------------------------**

**Email: -------------------------------------------------- Cell Number: -------------------------------**

**Supervisor’s Name: ---------------------------------- Designation: --------------------------------**

**Supervisor’s Email: ----------------------------------- Cell Number: --------------------------------**

|  |  |
| --- | --- |
| **Analysis Required (Code)**   * SEM with SED detector (2 images per sample) * SEM with BED detector (2 images per Sample) * EDS (1 EDS spectrum per sample) | **SEM**  1CRL01A (Rs. 3000/- for UOS, else Rs. 4000/-)  1CRL01B (Rs. 3000/- for UOS, else Rs. 4000/-)  1CRL01C (Rs. 3000/- for UOS, else Rs. 4000/-) |
| **Gold coating Required**  **Rs. 1000/-** | 1CRL01D (Rs. 1000/- for UOS, else Rs. 2000/-))  All samples required gold coating |
| **Number of Samples** |  |
| **Sample Names and code(s)** | **1.**  **2.**  (Use/attach extra sheet in case of more samples) |
| **Sample Description**  Nature of sample**\***, chemical composition (if possible, like metallic nanoparticles), also mention height/width of sample if the sample is from rock/drug tablet   * Nanoparticles * Thin Film * Nano Fibers * Nanotubes * Bulk * Polymers | Nature of Sample:  Expected Resolution:  **Check List**  Samples are completely dried Yes/No  Sample are conductive Yes/No  Sample Fee Deposited Yes/No  Supervisor is from UOS Yes/No  Challan No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signature & Stamp of Supervisor: -------------------------------------------------------------------**

* Make sure that the sample is not explosive, radioactive, or bio-hazardous.
* The sample must be free from any impurities which can destroy or damage the column.
* Please attach original analysis fee proof (Bank challan/Pay order/DD in favor of Treasurer, University of Sargodha).

**----------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY**

**Sample Receiving Date: ------------------------------------- Diary Number: SU/CRL/\_\_\_\_\_\_\_\_\_\_\_\_**

**Analysis Performed By: ------------------------------------- Total Amount Received: Rs \_\_\_\_\_\_\_\_\_\_**

**Mode of Payment:** Bank Challan Pay Order DD

**Bank Challan / Pay Order / DD Number** (Date)**: -------------------------** ( / / )

**Expert**