

## Central Instrumentation Facility User Form - Thermal Analysis

Section-A (User Information)						
1.	User Name: (Mr./Ms./Mrs./Dr.)					
2.	User Type: Academic/ Industry					
3.	Affiliation:					
4.	Address:					
5.	(a) Email: (b) Mobile No:					
6.	(a)Supervisor Name (If Applicable): (b) Supervisor Employment ID (For KRMU):					
Section-B (Sample Information)						
7.				Date:		
8.	State of sample(s):	□ Solid	Liquid			
9.	a) Temperature Range: _	°C to	oC	b) Tem <sub>l</sub>	perature step: ºC	
10	10. Characterization required*□ DSC □ TGA/DTA					
11	1. Nature of sample*:	Hygroscopic	□ Non Hyg	roscopic		
10	2. Any Specific Requirement(	Uolatile	Non Vol	atile		
Items marked with * details must be completed to carry out the measurements.						
	#Atmosphere to be used:					
	##Any knowledge of sample reacting with $Al_2O_3/Pt$ ?  Items marked with * details must be completed to carry out the measurements. DSC can be measured					
only 20°C below the decomposition temperature of the sample.						
<b>Declaration</b> : 1. Content of this report is meant for our information only and we will not use the content of this						
report for advertisement, evidence, litigation or quote as certificate to third party.						
<ol><li>The samples submitted are non- toxic / non-hazardous and that the sample does not require special precaution while handling.</li></ol>						
3. All publications of research work, where in the analytical services of the CIF, KRMU have been made						
use	of, shall be duly acknowledged.					
S	ignature of User:			Signature of S	Supervisor:	
Section-C (Payment Details)						
13.	a) User code:	b) Invoice N	lo. / Transac	tion Id.:		
14.	Payment Details: a) Mode:	Online/Cash(Ti	ck) b) A	mount:	c) Payment Date:	
4 5	a) Data - CD'	Section-D (CIF	7)	h) D-+ CC	onenlation.	
15.	a) Date of Receive:			b) Date of Co	ompletion:	
	Signature of Operator (with date)					