

**DEPARTMENT OF CHEMISTRY, IIT MADRAS**

**HIGH RESOLUTION TRANSMISSION ELECTRON MICROSCOPY 2100 plus LABORATORY (HT-TEM Lab)**

Job No. \_\_\_\_\_ User Request form Department/Institute : \_\_\_\_\_

User Category	Type of analysis needed	Sample details (grid of 3mm dia)	Expected Morphology/ particle size
<b>JEM 2100 PLUS</b> User category 1. Internal user (i) registered in CY IITM) <input type="checkbox"/> (ii) Institute fellowship <input type="checkbox"/> (iii) Project fellowship <input type="checkbox"/> 2. External User (i) Educational Institute R&D <input type="checkbox"/> (ii) Industry <input type="checkbox"/>	HR-TEM image <input type="checkbox"/> STEM BF/DF <input type="checkbox"/> SAED <input type="checkbox"/> EDS +Mapping <input type="checkbox"/> Tomography <input type="checkbox"/>	No. of slots <input type="text"/> Sample composition: <input type="text"/> Metal /Alloy/Non- Metal / Magnetic/Nonmagnetic/composite /Thin film/Nano particle / organic /biological/polymer _____	

**User Charges per slot of 1.5 hours**

I. Internal users: Students from other departments of IITM : Rs.1500 Tomography: To contact operator

II. External users: (i) Educational and other research institutions: Rs.4000, Tomography: To contact operator

(ii) Industry : Rs.8000 , Tomography : To contact operator

(iii) Contact details for sending samples by post: **In-charge HR-TEM facility, Department of Chemistry, IIT Madras, Chennai-36**

**Phone: 044 22575200**

**Charges per grid of Rs.500/- is applicable to each sample**

The charges for the analysis can be paid either by using the UPI id **theregistrar16162@cnrb**

OR

Online bank transfer to the below mentioned account details and the screen shot of the payment should be enclosed along with the request form.

Account number	2722101016162
IFSC CODE	CNRB0002722
Bank name	Canara Bank
Branch name	IIT Madras branch

User details	Supervisor/Principal investigator details
User Name: _____ Roll No/Designation: _____ MobileNo. _____ Email id _____ Signature: _____ Payment Ref No. _____ (kindly attach transaction details )	Certified that this work is part of research activity of the user Name of Supervisor/PI _____ _____ Signature and seal of Supervisor/PI

**For HR-TEM lab use only**

Date of receipt:	Remark if any _____
Slot allotted, Date _____ : Time: _____	
No. of samples analyzed _____	Holder: single /double tilt: _____ HR/DF/BF/STEM/EDS/Tomo _____
Data given through CD/User email id on _____	Signature of TEM operator: _____

Note: Samples not permitted: Magnetic/ Wet