

**SOPHISTICATED ANALYTICAL INSTRUMENTS FACILITY (SAIF)  
MAHATMA GANDHI UNIVERSITY, KOTTAYAM  
ANALYSIS REQUEST FORM**

**Confocal Raman Microscope with AFM**

**Personal Details**

Name *	<input type="text"/>	E-mail address *	<input type="text"/>
Designation and official address *	<input type="text"/>	Mobile *	<input type="text"/>
		Name of the HOD/GUIDE *	<input type="text"/>
Billing Address *	<input type="text"/>		

**Analysis Details**

User category *	<input type="text"/>	No. of samples *	<input type="text"/>	Research Area / Topics	<input type="text"/>
Type of analysis *					
<input type="checkbox"/> Raman spectrum	<input type="checkbox"/> Raman Image	<input type="checkbox"/> AFM (Tapping Mode)			

**Sample Description \***

S.No	Sample Code	Type of Analysis			Excitation Wavelength 532nm	Sample specification	Any other special instructions. Please specify
		Raman Spectrum	Raman Imaging	AFM			
1							
2							
3							
4							
5							
6							
7							
8							

**Payment Details**

Mode of payment *	<input type="text"/>	Total amount *	<input type="text"/>
Name of the Bank *	<input type="text"/>	Date of payment *	<input type="text"/>

## Kindly note the following while submitting the samples:

1. Submitted samples will be discarded after communicating the reports. If the remnant samples are required, the same should be intimated during sample submission.
2. Please attach the payment receipt with this application form

### Acknowledgment Details\*

Have you used this facility before?

YES / NO

If yes, Please specify the acknowledgment details

### Analysis Charge

Facility	M G University Campus Rs.	Educational Institutions Rs.	National/ R&D Labs Rs.	Industries Rs.
Raman Spectrum	125	250	750	1250
Raman Imaging	200	400	1200	2000
AFM	250	500	1500	2500

Payments are to be made only money transfer to

Bank: State Bank of India

Branch: M. G. University Campus Branch

Ac. Name: EMF-SAIF Kottayam

Ac No: 67320317756

IFSC: SBIN0070669

**For analysis requests/ queries**

**Email:saif@mgu.ac.in**