



FORM NO. CIF/LN<sub>2</sub>/01

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी  
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI  
**CENTRL INSTRUMENTS FACILITY**

Phone :

Date :

**LN<sub>2</sub> account opening From for BET instrument** (To be submitted to CIF)

Name of the Faculty: Prof/Dr.....

Department / Centre: .....

Contact No: .....

Email-id: .....

Please open an account in my name Dr./Prof....., Department of ..... for providing liquid nitrogen to my students for BET analyzer. As per rules and regulation by CIF, I would like to confirm that the quantity of consumed liquid nitrogen during analysis will be refunded whenever required by CIF.

Date:

Signature of the Faculty

Approved by HOC, CIF