**Job Order for Atomic Force Microscopy (AFM)**

**(**Contact the instrument In-charge by e-mail: **necbh.afm@gmail.com** in advance)

**North East Centre for Biological Sciences and Healthcare Engineering (NECBH) IIT Guwahati**

**Date:**

**Name of Applicant: Email ID:**

**Name of Supervisor: Contact No.:**

**Department/Centre:**

**Name of Institute and address:**

**Description of the sample**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no.**  | **Sample Name / Code**  | **Scan Size required (in** **µm):** (e.g., 5µm, 10µm, 20µm) | **Resolution required**  | **Type of sample:** (e.g., thin film, particles on glass substrate, cellulose) | **Mode of AFM** **(Contact / Tapping / EFM / MFM / KPFM / PFM):**  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please ensure that Size of the sample should not be more than 12 mm X 12 mm and the thickness should be < 2 mm.**

# Terms and Conditions

**\***Applicant should obey the general rules and regulations of NECBH (visit http://www.iitg.ac.in/necbh/ for rules and regulation) and incomplete job order will not be accepted.

**\***Applicant must be present 5 minute before the scheduled time, if they want to be present physically.

**\***Applicant must produce their I card during sample booking and data collection. In case the applicant is absent, the alternate person should submit a forwarded letter from their respective supervisor/PI to perform the same.

\*Applicant has to look in the email, time to time for updates. For any clarification, applicant should contact the In-charge.

\* Applicable sample charges shall be paid in favour of “**IIT Guwahati, II&SI DBT AC 39377583642”** in the form of DD and submitted along with the sample.

1. I/We shall obey the above-mentioned **terms and conditions.**
2. **I/Weshall acknowledge North East Centre for Biological Sciences and Healthcare Engineering (NECBH), IIT Guwahati and Department of Biotechnology (DBT), Govt. of India with project no. BT/NER/143/SP44675/2023 for the Atomic Force Microscopy (AFM) facility** in the conference/Journal Publications/BTP/MTP/PhD. Thesis etc.

 **Signature of Applicant Signature of PI/Faculty**

**For office use only:**

Job Order No. (Sl. No. of Analysis): Date of analysis:

Remark of In-charge (Job completed/not completed):

\*Reason for non-completion of job:

## Signature of In-charge