



Defence Institute of Advanced Technology

(Deemed to be University)

Department of Applied Physics

Thermal Evaporation (PVD) Requisition Form

Name of User: User: External/Internal
Name of Guide/Supervisor: Email Id:
Name of Department: No. of Sample:
Date: Contact No. :

Information of Sample

Characterization Details:

Serial Number	Sample Name	Melting Point	Additional Information
1			
2			
3			

Note:

1. 3 samples per requisition form will be done only.
2. It is mandatory to fill all the details in above table.
3. Please bring **conducting** sample only. (Metals & Melting point maximum 1200°C)
4. Carry IPA OR Acetone and tissue papers.

Name & Signature of User

Name & Sign of Supervisor

Signature of Instrument in-charge