



# **Defence Institute of Advanced Technology**

(Deemed to be University)

**Department of Applied Physics**

## **I-V / Solar Simulator 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:**

<b>Serial Number</b>	<b>Sample Name</b>	<b>Voltage Range</b>	<b>Additional Information</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			

#### **Note:**

1. **3** samples per requisition form will be done only.
2. It is mandatory to fill all the details in above table.
3. Make ensure that contacts of the sample have been properly done.
4. Carry one **CD** for data.

Name & Signature of User

Name & Sign of Supervisor

Signature of Instrument in-charge