



# Defence Institute of Advanced Technology

(Deemed to be University)

Department of Applied Physics

## I-V Characterization 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	Voltage Range	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. 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