

Form No :

Date: / /

Department of Nanoscience & Advanced Materials
Saurashtra University, Rajkot-360005

PQMS FACILITY USER FORM

1. Name and address of the User: _____
2. Signature of the User: _____
3. Contact no. of the User: _____
4. Name and Signature of the Guide/ Professor: _____
5. Details of Sample: Thin Film Bulk

Sr. No.	Sample	Experimental Details R-T / I-V	Voltage (V)	Current (A)	Temperature Range (°C)	Temperature Steps	Helium Required YES/NO	Total Time for Measurement in Hrs
1.								
2.								
3.								

Signature of Head
Dept. of Nanoscience

Signature of PQMS
Facility in charge

To be filled by PQMS instrument operator

Started on (Date): _____ Completed on (Date): _____

Total number of samples: _____

Operated by: _____

Declaration:

1. A copy of the resulting publication, if any, will be sent to Head, Department of Nanoscience & Advanced Materials, Saurashtra University, Rajkot-360005.
2. Every such research publication/thesis shall carry the following acknowledgement: "This work (part of this work) was carried out using PQMS Facility at Department of Nanoscience & Advanced Materials, Saurashtra University, Rajkot funded by Government of Gujarat." In addition, if we receive help from any of the personnel, the same will be acknowledged suitably, either in the acknowledgements or as a co-author.