



No:

Date:...../...../.....

**University of Kerala**  
**Sophisticated Instrumentation and Computation Centre(SICC)**  
*Kariavattom Campus, Trivandrum-695 581 Phone:0471-2308566*  
*E-mail:siccuok@gmail.com*

**SEM /EDS Analysis Request Form**

Name: .....

Address: .....

E-mail: ..... Mobile: .....

Number of samples: SEM :  EDS :  Sample type: .....

**Sample Information\***

**Sample description with Preparation method:**  
*(include chemical composition if available )*

Particulars (Please tick )	Yes	No
<i>Toxic</i>		
<i>Acidic</i>		
<i>Basic</i>		
<i>Flammable</i>		
<i>Radioactive</i>		
<i>Carcinogenic</i>		

- Category**
- |   |  |
|---|--|
| <input type="checkbox"/> Kerala University Students (A)                   | <input type="checkbox"/> Students from colleges affiliated to University of Kerala (B) |
| <input type="checkbox"/> Students from other Educational institutions (C) | <input type="checkbox"/> R & D institutes (D)  |
| <input type="checkbox"/> Industry (E)                                     |  |

.....  
**Name and Signature  
of the Applicant**

.....  
**Recommendation of  
supervising teacher**  
*(For researchers of Kerala  
University departments)*

.....  
**Name and Signature  
of the Head of the Institute/Dept.**

\*Sample information is mandatory