

No:



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

University of Kerala
Central Laboratory for Instrumentation and Facilitation (CLIF)
Kariavattom Campus, Trivandrum-695 581 Phone: 0471-2308566
E-mail: clifanalyses@keralauniversity.ac.in

Name:

Official /Billing Address:

Designation: _____ Department: _____

E-mail: Mobile:

Category: Kerala University Students (A) ☐ Students from colleges affiliated to UoK (B) ☐

Students from other educational institutions (C) ☐ R & D institutes (D) ☐

Industry (E) ☐

Purpose: Ph.D. ☐ M.Sc. ☐ M.Phil. ☐ Others ☐

Mode of Payment*:

DD Receipt No*.: _____

Date: _____

Certified that the sample submitted belongs to the above-mentioned user and using of CLIF facility will be acknowledged in all the publications arising out of the results of the analysis.

Date: _____

.....
Name and Signature
of the Head of the Institute/Dept.
(Office Seal is mandatory)

Important:*

- *Partially filled form and form without office seal will be summarily rejected*
- *Each page should be printed separately for submission*
- *The complaint if any regarding the analysis result must be intimated within 10 days on receipt of the result*
- *The leftover/analyzed samples shall be collected within 2 weeks from the date of issue of result*

Office Use only

Sample Received on:

Number of samples:

Analysis for :

Amount :

Name and Signature
Of the authority

STM Analysis Request Form

Name:

Address:

E-mail: Mobile:

Sample Should be

1. **Electrical Conductivity:** The sample must be conductive or at least semi-conductive
2. **Clean and Flat Surface:** The sample surface should be atomically flat, clean, and free from dust, oxides, oils, or moisture.
3. **RMS roughness** can be 1–5 nm. Upper Limit (Not Recommended Beyond This) >10 nm RMS roughness is generally unsuitable.
4. Samples do not meet these conditions such as highly insulating, rough, volatile, or poorly mounted specimens may not yield reliable STM data.
5. **Yes, I am submitting the samples that satisfy the above conditions.**.....

Signature of the applicant

Sl. No	Sample ID	STM / LT-STM (Specify the Temp.)	Required Measurement (Atomic resolution image, I–V Spectroscopy, Others (Specify):	Conductivity (Conductor / Semiconductor)	Material composition	Surface Condition (Polished / Unpolished)	Remark
1							
2							
3							
4							
5							

.....
Name and signature
of the Applicant

.....
Recommendation of the
supervising teacher

.....
Name and signature of the
Head of the Institute/Dept.

Important Information*

- i) All fields are mandatory and should not be kept blank.
- ii) *AFM data must be included along with the application form for STM analysis.
- iii) ** Sample Size within 10mm dia (max. 7mm x 7mm)*
- iv) ** Sample thickness < 0.8mm*
- v) *Please specify the nature of your sample. Samples that are toxic, radioactive and explosive will not be accepted for analysis.*
- vi) *Label the sample only on the containers, sample code /label should be brief, keep the sample clean, try not to touch the surface of the sample.*
- vii) *All analyses will be carried out based on priority of receipt of samples in the laboratory. It may take a few days or weeks, depending on the backlog of samples remaining in the lab for analysis.*
- viii) *Partially filled form and form without office seal will be summarily rejected.*
- ix) *If the leftover samples are needed, please mention that in the request form.*