Job No:\_\_\_\_\_ **External users only** 

## **DEPARTMENT OF CHEMISTRY, I.I.T Madras Porosimeter Request Form**

Name of the Student :	Date:
Name of the Guide :	Tel no:
University /College:	email:
SERVICE REQUEST	ΓED
<ol> <li>Surface area alone</li> <li>Surface area, pore volume, pore size analysis</li> </ol>	
Experimental Requir	<u>rement</u>
Sample Name : Sample Nature :	
Outgassing conditions (Temp/duration) :	
I hereby agree to acknowledge the data and results obtained and thesis.	ed from this machine in publications
	Signature of the Guide
	Coordinator's Signature
	Date: Time:

**Payment Details: DD No:** Bank: Analysed on: