

FESEM Facility of Mechanical Department
NL-103 A, IIT Kanpur

Note: This is a substitute Invoice that should be used only if original invoice could not be printed for some reason. This form has to be signed by the requesting user faculty/PI and submitted to accountant (Mr. Anurag Goel NL-216) prior to the commencement of slot.

Name: _____

Dept. _____

Roll No./ PF No: _____

Email: _____

Mobile No.: _____

Date for the requested slot: _____

Slot requested for: (1 or 2) _____

1- (10 am-1:00 pm)/ 2- 3.00 pm to 6:00 pm)

Type of Work (Imaging /Imaging and EDX): _____

Name of the Supervising Faculty/PI: _____

Project no. to be charged: _____

I hereby authorize the transfer of an amount as per existing rate (For ME users Imaging = Rs. 1000; ME users Imaging and EDX= Rs.1500; Other than ME users Imaging = Rs.2000; Other than ME users Imaging + EDX Rs. 2500 per slot) to the Lab development account no. IITK/ME/2021302 from my project account no (given above). This is one time payment towards the use of the FE-SEM facility on above date and slot.

Signature of supervisor

Date: