

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Department of Chemical Engineering
PG RESEARCH LAB



Room No- 302, NL-II, CHE

Ph No-6538

Booking Form

A	Autosorb iQ	Vapor-sorption	<i>for Office Use</i>
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Booking No	AIQ / A /	Booking Date	
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User Details	Name		Roll / PF	
	Supervisor's Name		Phone	
	Department		Email	
	Project No.			

Data to be filled by User							For Office Use only								
Sr No	Sample ID	Isotherm Points	Absorbate Vapor	Degassing			Cell	OG ID	Weight (gm)			Start		End	
				Temp	Min Time	Ramp			Empty	Post OG	Sample	Time	Date	Time	Date

Lab use	Liq N2 Used		Date		No of samples	Net Charge (Rs)
	LogBook Pg No		Done By			

Kindly transfer Rs _____ from Project No _____ which is
 Expiring on _____ to account no LDA/IITK /CHE/2024520

Signature of User	Signature of Head / PI / Supervisor
User Name	

Autosorb iQ	Instrument Charge Rs	1500	Per Sample
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