



No: .....

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

## University of Kerala

### Sophisticated Instrumentation and Computation Centre (SICC)

*Kariavattom Campus, Trivandrum-695 581 Phone :0471-2308566*

*E-mail :siccuok@gmail.com*

### Spectral Confocal Microscope Analysis Request Form

Name: .....

Address: .....

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

Number of samples:  Sample type: .....

Required measurements: .....

- 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.**

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### *For office Use Only*

Please collect Rs: .....(In words .....)  
.....)  
being the analysis charge for ..... samples under the ..... Category.

**Approved/Not approved  
Director SICC**

**Lab In-Charge**

*Remarks:*