



Requisition Form  
**Confocal Microscope**  
**Central Sophisticated Instrumentation Facility (CSIF)**  
BITS PILANI GOA, NH 17B, Zuarinagar, GOA – 403720, India.

User Name: \_\_\_\_\_, UIN: \_\_\_\_\_

Whether sampling modalities & Requirements are discussed with the operator (Y/N): \_\_\_\_\_

S.No	Sample Description	Dye	Excitation Wavelength	Emission Range	Analysis Details
1					
2					
3					
4					
5					

**Note:**

1. For live sample imaging, please mention the time required for analysis.
2. **Analysis Details:** Whether fluorescence /Transmission/Reflection imaging and z sectioning or time lapse is required/not.

**Time Required:** \_\_\_\_\_ hrs.

**Payment Details:**

Mode of Payment & Details: \_\_\_\_\_

Total Amount Paid: Rs. \_\_\_\_\_/- Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Undertaking:**

I/We certify that my samples **do not** harm to the personnel or equipment and undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples.

CSIF will not be responsible for any damage/ harm to the sample during sample preparation/analysis and in such cases I/ we agree not to make any claim for such damages.

**I/We shall acknowledge the CSIF BITS PILANI K K Birla Goa Campus while publishing / reporting the results in journals / conferences or elsewhere.**

Signature of the user

Signature of the Supervisor/HOD

**For Accounts Section:**

Amount Received: Rs. \_\_\_\_\_/-, Voucher No: \_\_\_\_\_, Date: \_\_\_\_\_, Signature with Seal