

**Requisition Form for BITS Pilani users**  
**Department of Physics Central Facility (PCF)**  
**BITS PILANI – K K Birla Goa Campus, Zuarinagar, Goa – 403726.**

Quantum Design's Physical Property Measurement System (PPMS)

1. Name of User \_\_\_\_\_
2. Department and Campus name \_\_\_\_\_  
\_\_\_\_\_
3. Institute ID no. of user \_\_\_\_\_
4. Consumables charges: Rs \_\_\_\_\_  
(In words: \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_  
(Signature and name of the facility lab staff)

5. Undertaking:

- (a) I / We certify that the samples **do not** harm the personnel or equipment and undertake to abide by the safety and sample guidelines and precautions during the experiments.
- (b) Lab staff will not be responsible for any damage/harm to the sample during experiments, and in such cases, I/we agree not to make any claim for such damages.
- (c) I / We shall acknowledge the Department of Physics, BITS PILANI K K Birla Goa Campus and DST, Govt of India for DST FIST grant number SR/FST/PS-I/2017/21 while publishing / reporting the results in journals/conferences or elsewhere.

6. Payment Details

Payment mode / Budget head \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of the user)

\_\_\_\_\_  
(Supervisor / HoD / Associate Dean, SRCD )

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**For Accounts Section:**

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

\_\_\_\_\_  
Signature with Seal