

## Department of Physics Velammal Institute of Technology Chennai-601204

Approved by ACITE - New Delhi, Affiliated to Anna University - Chennai
Accredited by NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

"Velammal Knowledge Park", Chennai - Kolkatta Highway, Ponner Requisition form for instrument utalization

## Tick in the bracket for the instrument want to be used

		in the bracket for	r the instrum	ent wan	it to be us	ea
Name of the student /	User					
Designation						
Department						
College/ Institution/ Unive	ersity					
Name and Address of the guide						
Billing Address						
Mobile number						
Email ID						
Number of sample (s)						
Name of the sample (s)						
		Electroc	hemical Analysis	s ( )		
Electrolyte with molar strength:		Tick the electrode system you want to analysis: 2- electrode/ 3- electrode / both				
Working electrode: Graphite sheet			ectrode : Ag/AgC			er Electrode: Platinum wire
Tick the el		iical analysis wants to				ameter for the technique
Cyclic Voltammetry	Scan rat		Potential window ( for 3/2-electrode sys			
Gal.Charge-Discharge	Current d	lensity:	Potential window ( for 3/2-ES)			
Electrochemical impedance			Frequency range:			AC sin wave amplitude:
Cyclic Test	No. of cy	rcles:	Current density:		Pote	ntial window (for 3/2-ES):
Nature of sample		Or	nly solid samples	(at least 5	0 mg of san	nple)
•	<u> </u>		ffle Furnace (	)		•
Hydrothermal proce	ess	Temperature: Time period:				
Annealing proces	SS	Temperature:	Time period:			
			Oven ( )			
Temperature: (m	ax. 150 de	egree Celsius)	Т	ime perio	od:	
			entrifuge ( )			
RPM: (max. 10	000 rpm)	Time period:	(max.30 mir	n./wash)		No. of washes:
		De	ep freezer ( )			
Temperature: (m	ax30 de	egree Celsius)	Time period:			
		Ultra	a sonic bath (	)		
Time period:				]	Heating:	Yes/No
		Mag	netic Stirrer (	)		
Time period:			]	Heating:	Yes/No	
Signature o	f the stude	ent/user				
Signature of	the guide v	with seal				
Payment Details	Amour	nt/Net banking/UPI payı	ment transction no.	ent transction no./ Date Amount/DD no/ Ba		nt/DD no/ Bank name/ Date
		Fo	or Office use:			
Signature of the Head	of the Ph	nysics Department				
Payment Detail		Amount	DD/ Transction no & Date Bank name			
Name and Si	gn of the	operator				•