TRANSMISSION ELECTRON MICROSCOPY FACILITY USER FORM
INDIAN INSTITUTE OF TECHNOLOGY DELHI, HAUZ KHAS, NEW DELHI - 110016

NAME OF USER:

NAME OF LABORATORY INCHARGE/PROFESSOR/PI:

LABORATORY ADDRESS:

LABORATORY PHONE NUMBER:

EMAIL:

NUMBER OF SAMPLES:

TYPE OF SAMPLES (Protein, polymer etc.):

TYPE OF ANALYSIS REQUIRED (negative stain, cryo etc.):

SIGNATURE OF USER SIGNATURE OF PI DATE

NOTE: This form is to be submitted to Dr, Manidipa Banerjee or Ms. Riti Rawat at the Kusuma School of Biological Sciences, IIT-Delhi. In case of publications arising from this analysis, kindly acknowledge **"TEM facility, Kusuma School of Biological Sciences, Indian Institute of Technology-Delhi, New Delhi"**