

Z-Scan Measurement Requisition Form

Date:

Name:	Designation:
Guide Name:	Mobile Number:
E-mail Address:	
Name of the Institution / Industry with complete address for Communication:	
Name of the Solvent:	
No. of Samples:	Sample Codes:
Amount:	Mode of Payment with Payment Ref No / UPI transaction ID:
Payment Date:	GST No:

Important Note:

- Charges for the testing should be paid through online only. (With remark – Z-Scan – Physics)
- Samples along with the online payment receipt (clear print out) sent to: THE HEAD OF THE DEPARTMENT, DEPARTMENT OF PHYSICS, B. S. ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY, VANDALUR, CHENNAI, PIN:600 048.
- Charges for Z-Scan Measurement:

Internal	External (Educational Institutions)	External (R & D Labs and Industry)
Rs. 400 /-	Rs. 900 /- + GST 18%	Rs. 2000 /- + GST 18%

- Crystal/Highly concentrated solution.
- (Minimum crystal size: 5 mm x 5 mm x <1 mm with > 80% Transmission @ 532 nm)
- Crystal must have uniform thickness
- Send your quires to physicsconsultancy@crecident.education

Signature of the Student

Signature of the Supervisor / Head of the
Department with seal

----- Office purpose only -----

Received date:

File name:

Date of data sent:

Head of the Department / Physics

Faculty In-charge / Signature of the Coordinator

[PTO]

Bank Details

Name of Account Holder	Registrar B. S. Abdur Rahman Crescent Institute of Science and Technology
Account Number	165702000000786
Bank Name	Indian Overseas Bank
Branch Name	Vandalur, Chennai - 48
Account Type	Current Account
IFSC Code / MICR No.	IOBA0001657 / 600020102

Kindly attach the proof for the payment clear print out