

No:

SREE NARAYANA COLLEGE

Date:...../...../.....

SIVAGIRI, VARKALA

PinCode-695145 Phone: 0470-2602362

E-mail:sncvpr@gmail.com

UV-VIS-NIR Analysis Request Form

Name:

Official /Billing Address:.....

Designation (UG/PG/Research Scholar /Faculty):.....

Department:.....

E-mail: Mobile:

Mode of Payment (Online/Cash) *:..... Date:

Scan range (200-2500 nanometer):..... Monitoring: Absorbance/Transmission/Reflectance

Sl. No:	Sample ID	Sample description.	Solubility (Specify solvent)	Remarks

Certified that the sample submitted belongs to the above-mentioned user and using of facility will be acknowledged in all the publications arising out of the results of the analysis.

.....
Name and Signature
of the Applicant

.....
Recommendation of
Supervising teacher

.....
Name and Signature
Of the Head of the Institute/Dept.
(Office Seal is mandatory)

Important*:

- Partially filled form and form without office seal will be summarily rejected
- The complaint if any regarding the analysis result has to be intimated within 3 weeks on receipt of the result
- If the leftover/analyzed sample is required, please mention in the remark column and shall be collected within 2 weeks from the date of issue of result
- Sample requirement: **Solid samples :30-50 mg, Liquid samples: Solvent:10ml, Sample:5ml**
- Please provide the information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or past analytical experience
- Please specify nature of your sample, if your submitted sample contain toxic/ flammable/hazardous component, please attach material safety data and other details (if any) along with the sample.

Sample Received on:

Number of Samples:

Analysis for :

Amount :

Office Use Only

Name and Signature
Of the authority