

No:

SREE NARAYANA COLLEGE

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

SIVAGIRI, VARKALA

PinCode-695145 Phone: 0470-2602362

E-mail:sncvpr@gmail.com

FT-IR Analysis Request Form

Name:

Official /Billing Address:.....

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

Department:.....

E-mail: Mobile:

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

Sl. No:	Sample ID	Sample description.	Specific requirements	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:20-30mg solid in the form of fine powder or 5-10 ml liquid in solvent free form*
- *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.*

Office Use Only

Sample Received on:

Number of Samples:

Analysis for :

Amount :

Name and Signature
Of the authority