National Institute of Technology, Tiruchirappalli
Tiruchirappalli 620015
Sophisticated Instrumentation Facility

Requisition Form for UV-Vis Spectrometer

Name of the User:		Date:
Designation/Course:	**Department:**	
Institute:		
Mobile Number:	**Email:**	
Address:		

Sample and measurement details:

Scan range (190 to 1100 nm):	**Measurement:** Transmittance/ Reflectance/ Absorbance
Number of samples:	**Sample disposal: Discard / Return**

Sl. No	Sample code	Type*	Nature**	Sample safety behaviour*** (tick as per below codes)	Any other information
				① ② ③ ④ ⑤ ⑥ ⑦ ⑧	
				① ② ③ ④ ⑤ ⑥ ⑦ ⑧	
				① ② ③ ④ ⑤ ⑥ ⑦ ⑧	
				① ② ③ ④ ⑤ ⑥ ⑦ ⑧	
				① ② ③ ④ ⑤ ⑥ ⑦ ⑧	

*Sample Type: Solid/ Liquid/Powder/ Thin films/specify if any other

**Sample Nature: Organic/Inorganic/Polymer/Biomass/Composites/ specify if any other

***Sample Safety Behaviour: 1.Non Hazardous, 2.Hazardous, 3.Flammable, 4.Biohazard, 5.Potent Compound,6. Corrosive, 7.Explosive, 8. Samples giving rise to toxic orobnoxious gases or fumes on heating. Specify any other character (use backside or attach separate sheet for more number of samples and details)

Payment details: contact SIF before payment (Attach SBI collect receipt with this form)		
Date of payment:	**Amount (Rs):**	**Reference No:**

1. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be misleading or misrepresenting, I am aware that I may be held liable for it.
2. I am aware that the samples will be discarded, if not collected back within one week of receiving the results.
3. I hereby agree to acknowledge Sophisticated Instrumentation Facility (SIF), NIT Tiruchirappalli in my publication for providing the resources and technical support for my research work. I also agree to send the publication reference to sif@nitt.edu(Journal name/ Volumenumber/ Names of the authors/ Date of issue of the publication) as and when it is published.

User Signature

Signature of the Supervisor/HoD With Name and Seal

For SIF office use

User Sl.No:	User type:	Date received:
Date completed:	**Operator name:**	**Operator Sign:**
Payment verification:	**Result status:**	**Coordinator Sign:**