



MOTHER TERESA WOMEN'S UNIVERSITY
KODAIKANAL



CENTRAL INSTRUMENTATION FACILITY

Sample analysis requisition form for Fluorescence Spectroscopy

I. User Information

Date:

Name :

Designation / Roll No. & Course registered :

Department / Institution / Affiliation :

Address for Communication :

Phone Number : E-mail Address :

Special Instruction :

Certification by (Guide & HOD) : - Certified that the user is a student of our department and the work is meant for Teaching /Experimental / Research purpose of our institution.

Signature with date & Office Seal:

II. Sample Information

Number of samples: _____ Sample Codes: _____

If solid, specify whether
Crystalline / amorphous :

- Please Note** (1) The charges have to be paid at the time of delivery of the analysis data / Spectral data etc. All payments should be made in DD to the registrar, MTWU payable at Kodaikanal.
- (2) Data will be supplied in the Compact Disc provided by the user.

FOR CIF USE :

Requisition Number : _____

Date Received : _____ Date completed : _____

Operator : _____ T.O in-charge: _____ Coordinator : _____

Details of payment received: _____

Acknowledgement from user: Received data on completion of experiment.

Signature : _____ Name: _____ Date : _____