DST-FIST LAB, CENTRE FOR RESEARCH IN SCIENCE & TECHNOLOGY (CRIST),

STELLA MARIS COLLEGE (AUTONOMOUS)

CHENNAI – 600 086. URL: http://www.stellamariscollege.org/crist_lab.php

Sample Analysis Requisition Form for ATR-FTIR Spectrometer

Name of the student :		
Roll No. & Department:		
Name of the Faculty / Guide In- Charge / Supervisor:		
Billing Name & Address:		
Phone:		
Email:		
 No. of Samples : Sample ID : Nature of Sample : Inorganic / Organic / Polymer Film / Powder / Others (Specify) : Type of Sample : Solid (Crystalline/Amorphous) / Liquid Whether Hygroscopic : Yes / No pH of the Sample : (ATR Allowed pH Range is from 5 to 8) Type of Analysis for IR : Absorption / Transmission / ATR Wave length Range (in cm⁻¹) : 		
Any other information		
Signature of the Faculty / Guid Supervisor (With Seal) Name:	e / Signature of the student	
Institution/Department:	Date:	

Please Note:

- I. The Charges have to be paid at the time of submission of the samples.
 All DD Payments should be made to **The Principal**, **Stella** Maris College, Stella Maris College Branch.
- II. In all Publications of Research Work, where in the Analytical Services of the DST-FIST Lab, Centre for Research in Science & Technology (CRIST) have been made use of, the DST-FIST Lab, CRIST, Stella Maris College (Autonomous) shall be duly acknowledged.
- III. Kindly send us the Publication Reference (Journal Name / Volume Number / Names of the Authors / Date of Issue of the Publication etc.)
- IV. Samples for Analysis to be submitted on working days (Monday to Friday) From 10:00 am 12:00 noon and 2:00 pm 4:00pm.
- V. Data will be supplied in the Compact Disc provided by the user.

FOR DST-FIST LAB:

Requisition Number	er:	
Date Received :	Date Completed :	
Operator :	T.O In-Charge:	Coordinator :
Details of Payment	Received (DD Amount,	, DD No., Date & Bank Details):
Acknowledgement	from User: Received Da	ata on Completion of Experiment.
Signature :	Nam	e:
Date ·		