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 UV-Visible Spectrometer

Name of the Student: Roll No. & Department:

Name of the Faculty / Guide

In-Charge / Supervisor:					
Billing Name & Address:					
Phone:					
E-mail:					
SAMPLE INFORMATION					
	Sample	-1	Sample-2	Sample-3	Sample
Label on Vial					
Concentration of the Sample					
Solvent Information					
Solubility of the Sample					
Absorbance / Diffused Reflectance (DRS) / Others (Specify)					
UV Range (nm)					
Any other information:			G. A	643	•
Signature of the Faculty / Guide / Supervisor (With Seal) Name:			G	e of the st	udent
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 -4:00 pm.
- V. Data will be supplied in the Compact Disc provided by the user.

FOR DST-FIST LAB:

Requisition Number	er:	<u> </u>
Date Received :	Completed:	
Operator :	T.O In-Charge:	Coordinator :
Details of Payment	Received (DD Amount,	DD No., Date & Bank Details):
Acknowledgement	from User: Received Dat	a on Completion of Experiment.
Signature :	Name	:
Date:		