

Name:

## **CRYSTAL GROWTH CENTRE**

## UGC National Facility Anna University, Chennai-600025

## Sample analysis requisition form for FTIR with Imaging

Name of the Student / User				
Course Registered				
Project title under which working				
Nature of Fellowship	JRF / SRF	7/ RA (Please S	pecify)	
Name of the Department with full address				
Email-Id/ Mobile Number				
Number of samples and sample ID with brief description of the sample				
Nature of the sample	Powder / Solid / Liquid / Thin Film			
Mode of Analysis to be carried out	Transmitta	ance / Absorban	ce / Reflectance	
	Wave num	nber (cm <sup>-1</sup> ) Fron	n:	То
	Sampling '	Technique: KBr	·/ ATR	
Solubility of the sample (Specify Solvent)				
Name & Address of the Guide with E-mail Id & Telephone Number				
Signature of the Student/User				
Certified that the sample submitted belong to the user mentioned above. We agree to acknowledge the usage of the facility in all publications arising out of the usage of the Crystal Growth Centre-UGC National Facility. The details of publications will be intimated to Crystal Growth Centre.  Signature of the Guide with seal Signature of the H.O.D/Director (Student/User) with seal				
For office use				
Signature of the Director				
Crystal Growth Centre				
Requisition Number				
DD Details	No:	Amt:	Bank:	
Date of completion				
Operator				
Note: DD should be drawn in Favour of "The Di				Chennai-25"
Payable @ Chennai. Data will be supplied only			ded by the user.	
<b>Acknowledgement:</b> Received the data on compl	etion of analys	S1S.		

Signature:

Date: