



**CRYSTAL GROWTH CENTRE**  
**UGC National Facility**  
**Anna University, Chennai-600025**  
**Sample analysis requisition form for Raman Spectra**

Name of the Student / User	
Course Registered	
Project title under which working	
Nature of fellowship	JRF/ SRF/ RA (Please Specify)
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	Film/Foil/ Crystal/ Pellet
Wavelength Range	
Analysis to be carried out	
Intensity of LASER	
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 Director, Crystal Growth Centre, Anna University, Chennai-25” Payable @ Chennai**. Data will be supplied only in the **New Compact Disc** provided by the user.

**Acknowledgement:** Received the data on completion of analysis.

Name:

Signature:

Date: