

**INTERNATIONAL RESEARCH CENTRE**  
**REQUISITION FORM FOR FTIR SPECTRUM**

1. Name of user (Mr. / Ms. / Dr.) :
2. Designation :
3. Department :
4. Institution name and address :
5. E-mail ID :
6. Mobile number/ Phone number :
7. Purpose : PG/M.Phil. Project work/ Ph.D. work/ Research
8. Number of samples :
9. Details of the samples :
10. Nature of the sample : Solid/ Liquid/Gas
11. Composition of the samples :
12. Solubility data :
13. IR region : Mode required: Transmittance/Absorbance
14. Type of output : E-mail
15. DD details and date :

Certified that the above request is for academic purpose, the charges may kindly be collected accordingly

Signature of the Applicant

Date

Signature of the Research Supervisor/  
Head of the Department/ Principal  
with office seal

Note: Samples should be accompanied with demand draft drawn in favour of "The Vice-Chancellor, Kalasalingam University" payable at Rajapalayam. The recorded data will be sent through E-mail only