

INTERNATIONAL RESEARCH CENTRE
REQUISITION FORM FOR UV-VISIBLE SPECTROPHOTOMETER ANALYSIS

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 : UG/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. Range :
13. Solubility Data :
14. Type of output :E-mail :
15. DD details and date :

Certified that the above request is for academic purpose and 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