



SRI RANGA RAMANUJA CENTRE FOR ADVANCED RESEARCH IN SCIENCES

SRIMAD ANDAVAN ARTS AND SCIENCE COLLEGE (Autonomous)

Sample Analysis Requisition Form - Spectrophotometer



I. User Information

Name:

Designation / Reg.No & Department:

Institution:

Address for Communication:

.....

Phone Number: Email:

Certification By Guide / HOD: This is to certify that the user is student / scholar / faculty of our department / industry and the work is meant for Teaching / Experimental / Research purpose of our institution.

Signature with Date & Seal

II. Sample Information

Number of Samples: Sample Code:

Type of Analysis Required: Absorption / Transmission

Nature of Sample: Inorganic / Organic / Powder / Others (Specify).....

Wavelength Scan range: nm to nm

Note:

- ✓ Necessary charges need to be paid before analysis.
- ✓ Data will be send to email id / compact disc provided by the user.

FOR SRRCARs USE

Requisition Number:

Sample Received: Analysis Completed:

Details of Payment Received:

Acknowledgement from user: Received Data on completion of experiment

Signature: Name: Date:

Director – SRRCARs

Dean – SCIENCES

