



RESEARCH DEVELOPMENT CELL
Rev. Fr. Dr. I. RATCHAGAR INSTRUMENTATION CENTRE
ST. JOSEPH'S COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)
CUDDALORE – 1

Mail ID: rdcsjccuddalore@gmail.com

Phone No.: 04142-286311

Sample analysis requisition form for FTIR

I. User Information

Name:

Designation / Roll No. & Course registered:

Department / Institution / Affiliation:

Address for Communication:

.....

Phone Number: E-mail:

II. Sample Information

Number of samples: _____ Sample Codes: _____

*Type of analysis required (Tick): Absorption/ Transmission / Diffused Reflectance

*Nature of Sample: Pellet / liquid / powder / organic / inorganic / polymer film / others (specify)

Region of measurement for FTIR : 4000 to 600 cm^{-1}

*Nature of the sample (solid/liquid)

If solid, specify whether Crystalline/ Amorphous:

*If crystalline, make sure that any one of the surfaces is smoothed

*Whether Hygroscopic or not:

*Do you need expanded Plots?

If yes specify region (from _____ to _____)

Whether the sample is Hazardous /toxic: Yes/No

If yes please indicate the precautionary measures to be followed

Any other specific information: _____

Note: Items marked * must be completed to carryout the measurements

Certification by user

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the Rev. Fr. Dr. IR. Instrumentation Centre (RIC). The details of publication will be intimated to the centre.

Signature with date: _____

Certification by Guide / HOD

Certified that the user is a student / Scholar / Faculty of our Department and the work is meant for Teaching / Experimental / Research purpose of our institution.

Signature with date & Office Seal: _____

Name & Designation: _____

Please Note

(1) In all publications of research work, where in the analytical services of the RIC have been made use of, the RIC, St. Joseph's College of Arts & Science (Autonomous), Cuddalore-1 shall be duly acknowledged.

(2) Kindly send us the publication reference (Journal name/volume number/names of the authors/date of publication etc) along with a PDF copy of the paper to us.

(3) Data will be supplied in the Compact Disc provided by the user. Label the CD with user name and institution name.

FOR OFFICE USE

Requisition Number: _____

Date received: _____ Proposed date of analysis: _____

Date completed: _____ Report Reference No.: _____

Staff in-charge: _____ Coordinator: _____

Acknowledgement from user

Received data on completion of experiment.

Signature: _____ Date: _____

Name: _____