



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

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**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  $\text{cm}^{-1}$

\*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 carry out 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: \_\_\_\_\_

**Note:**

Sl. No.	Instrument	Rate per sample	
		Our Institution	Other Institutions
1	FTIR Spectrometer	Rs. 50/-	Rs. 150/-