



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 Spectrophotometer

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 / Time dependence / Kinetics /

Others (specify) _____

Wavelength: _____ nm / scan range: _____ nm to _____ nm

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

Molecular weight: _____ (if known)

Molecular formula: _____ (if known)

Solvent information: _____

Any other specific information: _____

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, 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	Spectrophotometer	Rs. 50/-	Rs. 150/-