


## CENTRAL INSTRUMENTATION LABORATORY (CIL) FACILITY
## ANALYSIS REQUEST FORM

| | | |
|---|---|---|
| Analysis | : | **UV-Visible Spectrophotometer ( 5 samples per slot)** |
| Mode of Analysis | : | **[Absorbance / DRS]** (Please tick ✓) |
| Billing Name of the user | : | **(INTERNAL / EXTERNAL (ACADAMIC/INDUSTRIES)** |
| Designation | : | |
| Department/ Centre | : | |
| College/ Institution/ University/Industry: | | |
| Mobile number | : | |
| Email Id | : | |
| Number of sample(s) | : | Sample ID : |
| Nature of sample(s) | : | **(solid sample / liquid sample)** (Please tick ✓) |
| *Expected Absorbance maxima ( $\lambda_{max}$) | : | |
| *Name of solvent(s) | : | |
| Name & Address of the Guide | : | |
| Signature of the Student/User | : | |
| Signature of the Guide with Seal | : | |
| Mode of payment | : | **CASH / DD (Rs…… /- )** |
| Receipt / DD No, Date, Bank & Branch | : | |

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**FOR OFFICE USE**

**Job Number:** **Analysis Date:** **Report:** Complete//Incomplete//Repeat

Dean signature with date :

Operator' signature with date :

**Note:**
DD should be drawn in favor of **"VISTAS, CHENNAI"** payable at Chennai.
Data will be supplied only in the rewritable compact disc (RW-DVD).

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Any publication out of this work should be duly acknowledged as **"VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS), CHENNAI"**