



PONDICHERRY UNIVERSITY
CENTRAL INSTRUMENTATION FACILITY
 Sample Analysis Requisition Form
Spectrofluorometer



I. User Information

Date: 16/12/2021

Name: Designation:

In case of student, Roll No. & Course registered: Date of Admission:

Organization / Department & Institution:

Affiliation

Address for Communication:

Mobile Number: E-mail ID:

Special Instruction (if any):

II. Sample Information

Number of samples (In words): (In number):

Sample code	*Nature of Samples	*Type of Analysis	*Excitation wavelength (nm)	*Expected emission range (nm)	*Typical life time (ns)	Source wavelength (nm)
1)				to		
2)				to		
3)				to		
4)				to		
5)				to		
6)				to		

Items marked * details must be completed to carry out the measurements.

Certification by (Guide & HOD):- Certified that the user is a student / faculty / employee of our department and the work is meant for Teaching / Experimental / Research / Commercial purpose of our Institute /organization. The user had gone through the instructions regarding the procedures given in the website. The samples are not radioactive / harmful to persons handling them. The samples information is correct and the user will comply with CIF's rules and procedures.

Signature with date			
	User	Guide	HoD
Name			
Office Seal: (Mandatory)			

FOR CIF USE

Date Received: _____ Date completed: _____

Operator: _____ T.O in-charge: _____ Centre Head: _____

Time utilized for analysis: _____ hr. Details of payment received: _____

Remarks of the operator/TO in-charge for the data sent if by E-mail: _____

Acknowledgement from user (for direct user): Received data on completion of experiment.

Name: _____ Signature: _____ Date: _____

Note: All payments are to be made to the CIF Maintenance Account - (S.B) No. 6708021741 at the Indian Bank, Pondicherry University Branch (IFSC code: IDIB000P152, Pondicherry -605014, after the completion of analysis.