



**PONDICHERRY UNIVERSITY**  
**CENTRAL INSTRUMENTATION FACILITY**  
 Sample Analysis Requisition Form  
**Circular Dichroism Spectrometer (CDS)**



**I. User Information**

Date: 30/03/2022

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 Sample	*Wavelength(nm)		*Temperature (°C)		*Concentration (mg/ml)	*Cell path length(mm)
		Range	Fixed	Range	Fixed		
1)							
2)							
3)							
4)							
5)							
6)							

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.