

SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY
INDIAN INSTITUTE OF TECHNOLOGY, MADRAS, CHENNAI-600036.

FLUOROSCENCE

User Information:

Date:

Name :
Designation :
Affiliation :
Address for communication :
Bill to be address to :
Phone Number :
Fax Number :
E-mail Address :
Special Instruction :

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 SAIF/IIT/M facility. The details of publications will be intimated to the SAIF.

Signature with seal

SAMPLE INFORMATION

*No of samples :

*Sample Code :

*Region of measurement :

*Excitation wavelength :

*Sample submitted:

Emission :

Polarisation :

Excitation:

Lifetime:

The measurements requested are in connection with

- 1.Academic Research leading to a degree :
- 2.Sponsored Research :
- 3.Research related to consultancy :

Columns marked * must be filled to ensure quick processing of samples
Reports will be released only after payment is received.

Please note that payment for data/spectral measurements is to be made by DD drawn in favor of the Registrar IIT/M and should be enclosed along with this form. All payments should be made either in the form of a local cheque or a demand draft in favor of registrar, I.I.T, Madras and the payment should be sent to The Head, SAIF, IIT Madras, Chennai-60036.

As per the guide lines of the Department of Science and Technology (DST), in all publications of research work, where in the analytical services of the SAIF have been made use of, the DST and the SAIF shall be duly acknowledged. Kindly send us the publication reference (Journal name / volume number / names of the authors / date of issue of the publication etc) to us.
