

SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY
INDIAN INSTITUTE OF TECHNOLOGY, MADRAS
CHENNAI – 600 036.
FT-RAMAN

User Information

Date:

Name :
Designation :
Affiliation :
Address for communication :

Phone number :
Fax number :
Email 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 date
(HOD / Principal / Guide / Managing Director)

Sample code(s) :
Region of measurement for IR : IR- 4000 to 450 cm-1

Absorption
characteristic:
(If you know)

* Sampling Technique : Neat / Nujol / KBr / Solution (Specify Solvent)

* Nature of the sample(solid/liquid)

If solid, specify whether

Crystalline / amorphous :

* Whether Hygroscopic or not :

* Do you need expanded Plots? _____

if yes specify region from _____ to _____

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, IIT, Madras** and the payment should be sent to **The Head, SAIF, IIT Madras, Chennai – 600 036.**