

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

FT-IR

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.

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.