

**SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY
INDIAN INSTITUTE OF TECHNOLOGY, MADRAS**

UV-VIS-NIR

User Information

Date:

Name :
Designation :
Affiliation :
Address for Communication :
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 date

Sample Code : _____

* Weight of Sample : _____

Molecular Weight : _____ (if known)

Molecular formula : _____ (if known)

*Spectral region to be measured : _____ to _____ nm.

*Type of experiment: Solution (Tick)		Diffused reflectance		Others Specify	
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*Do you need qualitative or quantitative Measurement _____

*Solvent to be used in case of Solution Spectrum

Any special Experiment to be performed : _____

(eg: Kinetics, time dependent Measurements etc)

Items marked * must be provided for processing this request.

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, I.I.T. Madras, Chennai - 600 036.

(2) As per the guide line 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.