

**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 :

Certification and undertaking by Financially Responsible person (HOD / Principal / Guide / Managing Director).  
I agree to pay the charges for this analysis. Certified that the user is a student / employee of our organization.

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.**

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Please Note that charges have to be paid at the time of delivery of the analysis data / Spectral data etc. All payments should be made either in the form of a local cheque or a demand draft in favour of **Registrar, IIT, Madras** and the payment should be sent to **The Head, SAIF, IIT Madras, Chennai – 600 036.**