

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 :

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.

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.**