## NATIONAL FACILITY FOR CLINICAL TRIAL

(Sponsored by DST, Govt. of India)
INTERDISCIPLINARY INSTITUTE OF INDIAN SYSTEM OF MEDICINE (IIISM)
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR – 603203

## REQUISITION FORM FOR IR / UV/ AAS/ SPECTROSCOPY

		Oser information	
1.	Name	:	Date:
2.	Designation	:	
3.	Affiliation	:	
4.	Address for communication	:	
5.	Phonenumber	:	
6.	Email address	:	

Hear Information

Certification and undertaking by financially responsible person (HOD / Principal / Guide / Managing Director): I agree to pay the charges for this analysis and certified that the user is a student / employee of our organization. I assure you that, all publications arising out of research work, where in the analytical services of the IIISM, SRM Institute of Science and Technology have been made use of the Center shall be duly acknowledged.

Signaturewithdate&seal (HOD / Principal / Guide / Managing Director)

Signature of Incharge

Sa	mpleinformationforSPM:				
1.	Sample name and Amount in Rs.	(DD.No):			
2.	Number of samples:	Solubility:		Solid/Liquid:	
3.	Analysis Range:		Cm <sup>-1</sup> (	(or)nm	
4.	Sample Preparation Technique: _				
	(1	To be filled by	y the Cente	r Incharge)	
	(**)  Date of receipt of Sample :	·		•	
	· ·	s :		_	

Note:

Signature of Dean

IIISM

7.

SpecialInstruction(s)

The charges for external users have to be paid at the time of sample submission. All payments should be made in the form of a Demand Draft(DD) in favor of "SRMIST Consultancy" payable at Chennai, and the payment shouldbesent to The Dean, Interdisciplinary Institute of Indian System of Medicine (IIISM), SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, Kattankulathur, 603203. Reports will be released only after payment is received.

<sup>\*</sup> Kindly send us the publication reference of all publication arising out of analysis done at the Center. (Journal name, Volume number, Names of the authors, Date of issue of the publication etc).