



MOTHER TERESA WOMEN'S UNIVERSITY
KODAIKANAL



CENTRAL INSTRUMENTATION FACILITY

Sample analysis requisition form for Photo Catalytic

I. User Information

Date:

Name :

Designation / Roll No. & Course registered :

Department / Institution / Affiliation :

Address for Communication :

Phone Number : E-mail Address :

Special Instruction :

Certification by (Guide & HOD) : - Certified that the user is a student of our department and the work is meant for Teaching /Experimental / Research purpose of our institution.

Signature with date & Office Seal:

II. Sample Information

Number of samples: _____ Sample Codes: _____

If solid, specify whether
Crystalline / amorphous :

Please Note (1) The charges have to be paid at the time of delivery of the analysis data / Spectral data etc. All payments should be made in DD to the registrar, MTWU payable at Kodaikanal.
(2) Data will be supplied in the Compact Disc provided by the user.

FOR CIF USE :

Requisition Number : _____

Date Received : _____ Date completed : _____

Operator : _____ T.O in-charge: _____ Coordinator : _____

Details of payment received: _____

Acknowledgement from user: Received data on completion of experiment.

Signature : _____ Name: _____ Date : _____