

**UV-vis Spectroscopy Requisition form**

**Name** : \_\_\_\_\_ **Date:** \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Supervisor Name** : \_\_\_\_\_

**Department/Centre** : \_\_\_\_\_

**Email-Id** : \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_

**Number of sample (s)** : \_\_\_\_\_

**Samples Code (s)** : \_\_\_\_\_

**Nature of the Sample(s)** : **(Liquid)**

**Solubility** : \_\_\_\_\_

**Mode** : **Photometric / Spectrum (Absorption/Transmission) /**  
**Kinetics / Time Course / Quantitation {any one only}**

**Wavelength range** : \_\_\_\_\_ **(wavelength range = 190 to 1200nm)**

**Toxic / Non-toxic** : \_\_\_\_\_

**Signature of the  
User**

**Signature of the  
Supervisor**

**Signature of the  
Lab In-charge**

**Signature of the  
Head /CFRD**

**Charges:**

**Research Scholars / Faculty: 150 Rs.**

**Industry : 400 Rs.**

\* Charges may vary based on conditions