



HOLY CROSS COLLEGE (Autonomous)

Tiruchirappalli - 620 002

CENTRALIZED INSTRUMENTATION FACILITY

SERVICE REQUISITION FORM



Name of the User :	Date :
email ID :	Address :
Mobile No :	
User Category : <input type="checkbox"/> Internal <input type="checkbox"/> External	
Purpose of visit :	<input type="checkbox"/> UV-VIS <input type="checkbox"/> RAMAN SPECTROSCOPY <input type="checkbox"/> FTIR <input type="checkbox"/> AAS <input type="checkbox"/> P-XRD <input type="checkbox"/> EC-WORKSTATION <input type="checkbox"/> HPLC <input type="checkbox"/> GC-MS/MS

The Receipt to be in the name of _____

S.No	Sample Details	Wavelength Range (nm)	Solvent	Remarks
1.				
2.				
3.				
4.				
5.				

Payment Details (Refer Payment details)

- Payment mode in online / offline (e-copy or Original office copy of the challan must be submitted)
- Only soft copy of the report will be sent

Signature of the Supervisor /
Guide (With Seal)

Signature of Student,
Research Scholar & Others

Analysed by,

.....
FOR OFFICE USE ONLY

No of Sample received on : _____

Signature of CIF Co-Ordinator

Total Amount received on : _____