



## HOLY CROSS COLLEGE (AUTONOMOUS)

TIRUCHIRAPPALLI - 620002



### CENTRALIZED INSTRUMENTATION FACILITY

#### SERVICE REQUISITION FORM

Name of the User	:	Date:
Email ID	:	Phone No:
Address	:	
User Category	:	
Purpose of visit	:	
<input type="checkbox"/> Internal <input type="checkbox"/> External		
<input type="checkbox"/> UV-Vis <input type="checkbox"/> FTIR <input type="checkbox"/> AAS		
<input type="checkbox"/> EC-Workstation <input type="checkbox"/> GC-MS/MS <input type="checkbox"/> Powder- XRD		
<input type="checkbox"/> HPLC		

The Receipt to be in the name of \_\_\_\_\_

S.NO	SAMPLE DETAILS	WAVELIENGTH RANGE (nm)	SOLVENT	REMARKS

#### 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

Signature of Analyzer

#### FOR OFFICE ONLY

No of Sample Received On: \_\_\_\_\_

Total Amount Received on: \_\_\_\_\_

Signature of Coordinator