



HOLY CROSS COLLEGE (AUTONOMOUS)

TIRUCHIRAPPALLI - 620002



CENTRALIZED INSTRUMENTATION FACILITY

SERVICE REQUISITION FORM

Name of the User : _____ **Date:** _____

Email ID : _____ **Phone No:** _____

Address : _____

User Category : ☐ Internal ☐ External

Purpose of visit : ☐ UV-Vis ☐ FTIR ☐ AAS
☐ EC-Workstation ☐ GC-MS/MS ☐ Powder- XRD
☐ 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