



HOLY CROSS COLLEGE (AUTONOMOUS)

TIRUCHIRAPPALLI - 620002



CENTRALIZED INSTRUMENTATION FACILITY

SERVICE REQUISITION FORM

Name of the User	:	_____	Date:	_____
Email ID	:	_____	Phone No:	_____
Address	:	_____		
User Category	:	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
Purpose of visit	:	<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"/> Raman Spectroscopy	<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