



SAMPLE REQUISITION FORM Infrared Spectrophotometer (FTIR)

(Perkin Elmer Spectrum 2, Range: 450-4000 cm-1)

DEPARTMENTAL INSTRUMENT FACILITY (Department of Chemistry)

National Institute of Technology, Barjala, Jirania, West Tripura – 799046

Application No: NITA/CHEM/FTIR/.....Slot Time :......(H):.....(M) Slot Date:----/-----/-----

months of the estate and S	<u>User Information</u>	
Name & Designation:		
Department:		
	Contact No:	
	sertation:	
,		
*Internal candidates rep	present the student's / Staff / Faculty members belong to NIT Agartala.	
	mitted: Please provide the following details	
Sample code	C12/12-01-201-17	
Kindly note that samples o	cannot be analyzed for IR without sample code.	
No. of Samples	: (Maximum 03 per slot)	
Sample type	: Solid (powder, amorphous, crystalline)	
Kindly note: Liquid, sen	ni-solid (grease), metallic and composite sample are not accepted.	
Sample quantity	: 5-10 mg in a sealed tube	
Nature of sample	: Organic/ inorganic	
Moisture (please tick)	: Present/absent	
Special property (please tick)	: The sample is (i) volatile (ii) corrosive (iii) explosive (iv) inflammable (v) None of them	
Toxicity	: Toxic/non toxic	
Health instruction	: The sample is (i) skin irritant (ii) eye irritant (iii) any other hazardous effect (iv) None of them	
Sample recovery	: Sample will not be recovered after analysis	
Presence during Analysis	Yes / No	

Instructions to the User:

* Magnetic, Conducting, Corrosive or any kind of unsuitable sample will not be accepted.

* Bring your own CD for data collection (Pen drives, USB HDD or any other external devices will not be entertained due to safety measure.)

* Bring your sample in sealed sample tube. Sample wrapped in tissue paper or aluminum foil will not be entertained.

* Your acknowledgement in the publication will be highly appreciated for better performance.

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Declaration

I hereby declared that I am using this instrument for the above entitled Project / Research work. I also declared that the above information furnished by me is correct to the best of my knowledge and belief, failure which my application may be terminated for future use. Furthermore I shall be solely responsible if there is any damaging of instrument due to incorrect information provided.

instrument due to incorrect information provided.

Date: Place:

Signature Signature with stamp (Supervisor/Guide/PI) (HOD of User Department)

Payment Details

Amount: In word Rupees: (Only)

Through: ONLINE mode vide Transaction No: Dated: (Please Submit a reference copy as a proof of payment along with this application form.)

For Office Use	
The user may be allowed to use the facility as per the procedu	ire.
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User application is Approved and allowed to proceed for sam	ple analysis.
	HOD, Chemistry
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