

# Department of Physics

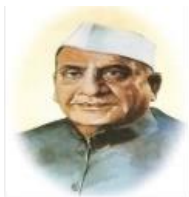
Shri Shivaji Education Society, Amaravati's

## SCIENCE COLLEGE

Congress Nagar, Nagpur - 440012 (M.S.)

Sophisticated Instrumentation Laboratory (SIL)

### Requisition for Sample Analysis



Name of User: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Name of Sample: \_\_\_\_\_

Number of Sample: \_\_\_\_\_

Type of Analysis: \_\_\_\_\_

Sample Hazard: *(Please Specify)* \_\_\_\_\_

Payment Details:

Cash/ DD No./ DD Bank/Date of issue

Signature of User  
Date

Signature of Supervisor/Guide

For PL: Excitation  $\lambda =$  \_\_\_\_\_

Scan Range: \_\_\_\_\_

Emission  $\lambda =$  \_\_\_\_\_

Scan Range: \_\_\_\_\_

- Photo copy of this form can be accepted. Results will be provided on e-mail address.
- We would appreciate if you acknowledge our facility in your publications.

2023-24

OFFICE USE ONLY

Number of Samples: \_\_\_\_\_

Payment Head: *Consultancy - Physics*

Rate per sample in Rupees: \_\_\_\_\_

Total Payment: \_\_\_\_\_

Signature of Prof. In-Charge (SIL)  
Head, Department of Physics

Receipt Number:

Receipt Date: