



SOPHISTICATED ANALYTICAL INSTRUMENTATION FACILITY (SAIF)
St. Peter's Institute of Higher Education and Research
ST. PETER'S UNIVERSITY
Avadi, Chennai – 600 054.

UV-VISIBLE (DRS/DTS) SPECTROMETER

User Information

Date:

Name:

Designation:

Affiliation:

Address for Communication:

Phone Number:

E-mail Address:

DD. NO., Date., Amount....., Bank

Purpose for which the measurement is requested: (In brief)

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the SAIF, SPU, Chennai. The details of publications will be intimated to the SAIF.

Signature with date & seal
(HOD / Principal / Guide / Managing Director)

Dean
Research & Development
St. Peter's University

Sample Code (s): _____

* Weight of Sample:

* Nature of the sample (solid/liquid)

*Type of experiment: Solution DRS Others Specify
(Tick) A/%T %R/K-M

Molecular Weight: _____ (if known)

Molecular formula: _____ (if known)

*Spectral region to be measured: _____ to _____ nm.

*Do you need qualitative or quantitative Measurement _____

*Solvent to be used in case of Solution Spectrum shall be given by the users.

Results shall be provided in soft Copy form

Items marked * must be provided for processing this request.

Charges for the measurement should be sent through an advance demand draft drawn in favor of “**St. Peter's Institute of Higher Education and Research, Avadi, Chennai**” along with the samples, to the **Dean (R&D), St. Peter's University, St. Peter's Institute of Higher Education and Research, Avadi, Chennai-600 054.**

As per the guidelines of the St. Peter's University (SPU), in all publications of Research work, where in the analytical services of the SAIF have been made use of, the SPU and the SAIF shall be duly acknowledged. Kindly send us the publication reference (Journal name /volume Number / names of the authors / date of issue of the publication etc) to us.