

# SRI SARADA COLLEGE FOR WOMEN (AUTONOMOUS)

Reaccredited with “B++” Grade by NAAC

Affiliated to Periyar University

## SALEM-16

### DST-FIST SPONSORED INSTRUMENTATION FACILITY

**Spectrofluorometer (SHIMADZU- RF 6000)**

**Requisition Form for Analysis (Liquid Sample)**

Ref. No:.....

Date:.....

Name of the Applicant	(INTERNAL / EXTERNAL)
Designation	(Student/Research Scholar/Faculty) <b>Please Tick</b>
Address	
Contact No. & E-mail ID	
Supervisor / Guide Name	
Number of Samples to be analysed	
Name of the samples (Sample ID)	
Wavelength (Excitation/Emission)	$\lambda_{ex} =$ nm $\lambda_{em} =$ nm
Solvent used for liquid sample	
Are they stable at room temperature	Yes/No
Billing Address (in favour of)	

- We agree to acknowledge DST-FIST sponsored lab, Sri Sarada College for Women (Autonomous), Salem-16 in the publications.
- Kindly send us the publication references (Journal Name/ Volume Number/ Name (s) of the Authors/ Date of Publication, etc.)
- If acknowledgement is done for M.Sc./M.Phil. Project/ Dissertation, please send us a copy of the title page and acknowledgement page.
- Please bring Fresh CD only for collection of results. Used CDs or PEN Drives will not be accepted.

**Note:**

**Payment: DD (Rs. 150/-per sample) drawn in favour of “The Principal, Sri Sarada College for Women (Autonomous), Salem-16”.**

**Signature of the Applicant**

**Signature of the Supervisor/Guide  
(with seal)**

**Head of the Department/Institution  
(with seal)**

**For Office Use**

Testing Charge (Rs.) :

Issued On :

DD/Payment Particulars:

Report : Complete/Incomplete/Repeat

Incharge Signature

HoD Signature

DST – FIST  
Principal Investigator Signature