SPECTROSCOPY / ANALYTICAL TEST FACILITY

Siddaganga Institute of Technology, Tumakuru- 572 103

(An Autonomous Institution, Affiliated to VTU, Belagavi)

Department of Chemistry

		<u>ion form f</u> or	Fourier	transform i	nfrared spec	troscopy (FTI	R)
Name of the student :							
Name of the Supervisor :							
Email ID:							
Phone No.:							
Mailing Address :							
Sample Infor	rmation	1. Number	of samp	ples:			
Type of samp Wavelength r *Whether mo	ange: 400 to	o 4000 cm	-1	m, Type of Soluble in I			Neat
Sample ID:	Expected peaks: (cm ⁻¹)						
Details of pay	ment: (For	samples or	utside Ir	nstitute)			
Amount:			Date:		Rec. No.:		
Signature of			Signature of the supervisor				
For departm	ent use						
Date of receiv		Reference No.:					
Details of pay	nple	le Date of analysis:					

Note: Samples will be discarded after the analysis.