

Requisition Form for UV-Vis Analysis

General Information:

Name:

Date:

Designation:

Institution/ Organization:

Email Id & Contact Number:

Research Guide:

Sample Information:

No. of Samples:

Sample Code(s):

Wavelength Range: _____ nm to _____ nm

(Minimum 200nm to Maximum 800 nm)

Solvent details for the measurement:

Signature of the Applicant Signature of the Guide / Manager

Other Necessary Details:

Instrument Information:

Shimadzu true double beam UV-VIS Spectrophotometer, model: UV-1900i

Charges per Sample:

Industry (large, medium and small scale): 700/-

National & State Govt. R&D Laboratories: 500/-

Educational Institute & Universities: 350/-

Bank Details:

Name of the Account: ICFAI University Tripura

A/C NO: 910010047489436

Bank Name: AXIS BANK

Branch: Agartala Branch

IFSC Code: UTIB0000276

Type of Account: Savings

User Instructions:

- Please send the online fee receipt along with request form.
- Reports will be released only when full payment is received as given in the above table.
- Minimum requirement of samples 25 mg (powder)
- Solvent details for the measurement

All the corresponds should be address to

Dr. Tufan Singha Mahapatra
Assistant Professor, Department of Chemistry,
The ICFAI University Tripura
E-mail ID: tsmahapatra@iutripura.edu.in

Dr. Subhadip Roy, Assistant Professor,
Department of Chemistry, The ICFAI
University Tripura
E-mail ID: subhadipro@iutripura.edu.in