



# National Institute of Advanced Manufacturing Technology Central Instrument Facility

## Requisition form for FTIR Spectroscopy (Functional Group Analysis) (CPDA Users)

Date: \_\_\_\_\_

Name of the user:	Name of the supervisor:
Course: Ph.D. / M.Tech / B.Tech / ADC	Department:
Contact No.	No. of Samples submitted:
Email ID:	

Type of analysis is required (Tick): Transmission / Reflectance

Sample and measurement details: Please provide the following details:

Sl. No.	Name of Samples	Type*	Nature**	Sample safety behavior***	Any other Information

\***Sample Type:** Solid/Liquid/Powder/Thin films/Specify if any other

\*\***Sample Nature:** Organic/Inorganic/Polymer/Composites/specify if any other

\*\*\***Sample Safety Behavior:** Hazardous/Non Hazardous/Flammable/Corrosive/Explosive/  
Specify any other character

Remarks, if any:

### Payment Details

No. of samples/test to be done:	
Total Amount (Rs.)	
Total amount to be deducted from	CPDA of Prof./Dr. _____

Details are entered in CPDA register book at page No. \_\_\_\_\_ and serial no. \_\_\_\_\_

Signature of user

Signature of supervisor

Signature of HOD

### For CIF office use – FTIR Facility

Details are entered in FTIR lab register book at page no. \_\_\_\_\_ and serial no. \_\_\_\_\_

Date of Completion:

Signature of Technician

Amount to be transferred Rs. \_\_\_\_\_

Signature of Chairman – CIF

*Note: Duly filled SP-02 form needs to be attached with this requisition form.*