



National Institute of Advanced Manufacturing Technology Central Instrument Facility

Requisition form for FTIR Spectroscopy (Functional Group Analysis)

(For External Users)

Date: _____

Name of the user:	Name of the supervisor:
Designation of user:	Department:
Name and address of the Institute/ Industries:	
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:

Signature of user

Signature of supervisor

Signature of HOD/In-Charge

For CIF office use

Date of Completion:

Signature of Technician

Payment Details

Name of the user:	
No. of samples:	
Total Amount paid	Rs.
Date of Transaction:	
Mode of Payment:	UPI app(G-Pay/PhonePe/Paytm/Others), NEFT/IMPS
Transaction ID:	
Copy of transaction attached	Yes/No

Signature of user