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| --- | --- |
| Sample submission form | Date: |

**To**

**The HoD(Chemistry Department)**

**IIT Patna, Bihta Amhara Road**

**Patna-801106**

**Subject: Usage of Spectrofluorimeter (Horiba, Fluoromax-4)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | : |  | |
| Designation | : |  | |
| Address for communication | : |  | |
| Phone number | : |  | |
| Email Address | : |  | |
| DD No…………….. | Date………………. | Amount …………… | Bank………….. |

Certified that the sample submitted belong to the user mentioned above.

Signature of Guide with date & Seal Signature with date & Seal

(HOD/Principal/Managing director)

**Sample information** Emission wavelength ………..

Excitation wavelength ………….

|  |  |
| --- | --- |
| **No of Sample &Sample ID:** |  |
| **State of the sample(solid/liquid)** |  |
| **Total number of emission/excitation spectra** |  |
| **Scan range** |  |
| **Air sensitive(Y/N)** |  |
| **Composition/nature of sample:**  (please provide complete information) |  |
| **Solvent required :** |  |

Charges for the measurement should be sent through an advance Demand Draft in favour of ‘IIT Patna’ payable at ‘Patna’ along with the sample or through RTGS/NEFT( Please mention A/c holder name……. …………….., A/c No…………………,Bank name…….……….…..,IFSC code……….…….……) to HOD, Chemistry Dept., IIT Patna (Please attach a copy of the transaction details along with signature of guide with date and seal)