

CENTRAL INSTRUMENTATION LABORATORY

PANJAB UNIVERSITY, CHANDIGARH-160014

REQUISITION FORM FOR RAMAN SPECTROSCOPY

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(Payment should be credit in: Director CIL, A/c No. 10444977486, IFSC: SBIN0000742)

User Information

User Type: PU Campus & its Regional Centers/Other Educational Institutions / R&D Labs / Industries (Please tick as applicable)

Name :

Designation:

Supervisor Name:

Billing Name & Address:

Department & University/
Institution/College:

Phone/ Mobile Number:

Pin:

State:

E-mail:

GST No (*optional):

No of Samples:

Sample ID	Nature of Samples	Wavelength(nm) 532	Spectral Scanning	
			Range (cm-1)	Acq.Time (s)

Amount paid:.....UTR/NEFT No.....Dated:.....

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of user

Supervisor's Signature

Signature of Head of Department
With official Seal

For office use only

Payment received vide receipt no.cash.....Dated..... Amount:

Job No. / Ref No. _____

IMPORTANT: - As per the recent decision of FMC committee it is mandatory for user of SAIF facility to acknowledge the facility in their research work and communicate the same to SAIF Chandigarh for onward communication to DST, New Delhi. This condition is necessary for availing 80% discount for educational Institutes.