

Draft to be addressed in the name of Principal, DAV College, Sec-10, Chandigarh

DAV INSTRUMENTATION LABORATORY

DAV College Campus, Sec-10, Chandigarh

Requisition Form Fluorescence Spectrometer (Shimadzu)

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User Information

User type: College campus/other educational institutions/ R&D Labs/ Industries (Please tick as applicable)

Name:

Designation:

Supervisor Name:

Research Area:

Department/Institution/College/ Company:

Billing Name & Address:

Pin:

State

Phone/Mob. No.:

Email Address:

Sample Details

No. of Samples :

Sample ID :

Solvent in which fairly soluble:

Excitation Wavelength:

Emission Wavelength range:

Expt. Type: 3D spectra/ Time scan/Quantum yield/Emission intensity Industries (Please tick as applicable)

Sample information:

Amount Paid: Draft No..... Dated.....

Recommendation from Head of department

The above sample may be accepted on the behalf of department.....

Signature of User

Signature of Supervisor

Head of department (With stamp)