

Jayaraj Annapackiam College For Women (Autonomous)
PeriyakulamBSR – Basic Scientific Research Instrumentation Centre
Analysis Requisition Form

1.	Name of User					
2	Designation/Class					
3	Department					
4	Project Title					
5	Institution Name and Address					
6	Email ID					
7	Mobile Number/Phone Number					
8	Purpose		UG / PG / M. Phil / Ph. D Work / Project Work			
Sl. No	Spectra Name	Nature of the Sample	Number of the sample	Sample Code		Required Output Format
1	X R D	Powder Only – 1g		a)	b)	c)
2	UV	Liquid Sample Only		a)	b)	c)
	Solvent Details					
3	FTIR	Powder only – 500mg		a)	b)	c)
4	AAS	Liquid Sample Only		a)	b)	c)

Signature of the User

Signature of the Guide

Signature of the HOD/Principal

XRD Rs. 300/-	UV Rs.100 /-	FTIR Rs. 200/-	AAS Rs. 200/-
Payment Mode	Cash / Google Pay / Phonepe / Net Banking		
Bank Account Details	Name : Principal, Account Number: 178901000000002 Bank: Indian Overseas Bank, Branch: Thamaraiikulam. IFSC: IOBA0001789		
Transaction ID			
Total Amount Paid			
Sample Received Date:		Result Sent Date:	

Please Enclose evidence of payment and Requisition Form through Email or Post