

**DEPARTMENT OF CHEMISTRY
B.I.T. MESRA
SOPHISTICATED INSTRUMENT LAB (SIL)**

Requisition form for Solid State UV-Vis Absorption Spectroscopy

Ref. No. _____

Date: _____

Name of User:

Designation of User:

Contact No.

Email ID:

Name of Guide/Supervisor:

Department:

No. of Samples (Max. five):

Description of the sample(s):

Sl. No.	Sample ID	Mode of Experiment (Absorbance/Reflectance Transmittance)	Nature of Sample (Powder/Thin Film/Pellet)	Sample Composition	Wavelength Range (from-to)

Note:

For powder sample approx. 200 mg sample is required.

Any relevant information you may add:

We agree to acknowledge SIL, Department of Chemistry, BIT Mesra, Ranchi in our publication and thesis if the results are incorporated/used in them.

Name of User:

Name of Supervisor:

Signature of User:

Signature of Supervisor: