



CONFOCAL RAMAN SPECTROMETER
 Room No:105, MSRC Building
 Department of Physics
 Indian Institute of Technology Madras, Chennai – 600 036.



JOB REQUISITION FORM

User Details:

Name: _____ Date: _____
 Roll No/ID No: _____
 B.Tech./D.D./M.Tech./M.S./Ph.D./Project/Faculty/Staff/Others (Specify): _____
 Guide / Coordinator / Supervisor's Name: _____
 Department: _____ Lab. / Centre: _____
 Contact No.: _____ E-mail ID.: _____

Sample Details:

S.No	Sample Name	Sample type (Thin film/Pellet/Powder/Liquid/Bio)	Scan Range

Remarks (if any):

Signature of User

Signature of Guide/Coordinator/Supervisor
with seal

Signature of Faculty in charge

Note: Please bring CD for copying the data (USB drives are not permitted).

Duration per slot is 1 hour. Maximum 5 samples per slot.

For Laboratory Use only

JobNo.: _____ Date: _____ Slot: _____

Remarks.: _____ Operator's Name: _____

Signature: _____