

**Institution/Department:** 

## Sophisticated Analytical Instrument Facility DST-FIST SPONSORED LAB



Rajalakshmi Engineering College Rajalakshmi Nagar, Thandalam, Chennai 602105

## Nano drop Analysis Request Form

Name of the Student:				
Roll No. & Department:				
Name of the Faculty / Guide				
In-Charge / Supervisor:				
Billing Name & Address:				
Phone:				
E-mail:				
SAMPLE INFORMATION				
	Sample-1	Sample-2	Sample-3	Sample-4
Label on Vial				
Concentration of the Sample				
Solvent Information				
Solubility of the Sample				
Absorbance / Diffused Reflectance(DRS) / Others (Specify)				
UV Range (nm)				
Any other information: Signature of the Faculty / Guid Supervisor ( <i>With Seal</i> )	le /	Signat	ture of the s	tudent

Date: