

Central Research Facility
 राजीव गांधी पेट्रोलियम प्रौद्योगिकी संस्थान) आरजीआईपीटी(
Rajiv Gandhi Institute of Petroleum Technology

Internal Requisition Form for UV-Vis-NIR Analysis

Date: _____

Name of User:
 Contact No.
 Purpose of analysis:
 Name of Guide/Supervisor:

Designation of User:
 Email ID:
 No. of Samples:
 Department:

Details to be filled:

Sr.No.	Name of the samples	Nature of sample (Powder/Liquid/Film)	Wavelength range	Are they stable at room temperature? Yes/ No	Any other information

Requisition Number (CRF Office will provide) :	
Payment:	
A. Faculty Research Support Grant / CPDA	
Project Contingency (Project code)	
B. Department Operating Grant	
Pl. Deduct Rs.	
CRF: Professor In charge	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> For A: Faculty Member/PI (Signature with seal) </div> <div style="text-align: center;"> For B: HoD (Signature with seal) </div> </div>

****All users are requested to acknowledge the use of central research facility in their research article.**

For Official Use Only

Date of receipt		Date of analysis	
Total number of samples		Charge on this analysis	
Remarks (if any)			
Name of person	Date:		
Passed for payment/ adjustment	For Rupees:		

Signature of Instrument in charge

Signature of Convener