

Department of chemistry, IIT Madras

FTIR-SPECTROSCOPY

User Information

Name: _____

Billing name: _____

Address: _____

Email ID: _____

☆Payment details: DD drawn in f/o

REGISTRAR, IIT MADRAS

Sample information:

SOLID/LIQUID:

S.No.	Sample code	Functional group present(-OH, -COOH, -CHO)

Student's Signature

Research Guide's signature & seal

DD No/ Invoice No*:

Date:

Bank:

For office use only

Date of receiving sample:

Date of analysis sample: