



DEPARTMENT OF PHYSICS
KONGUNADU ARTS AND SCIENCE COLLEGE (AUTONOMOUS)
GN MILLS POST COIMBATORE-641029



SAMPLE ANALYSIS REQUISITION FORM
PHOTOLUMINESCENCESPECTROMETER

I. User Information

Date:

Name:

Designation / Roll No. & Course registered:

Department / Institution / Affiliation:

Address for Communication:

Phone Number:

E-mail Address:

Certification by (Guide & HOD): Certified that the user is a student of our department and the work is meant for Teaching /Experimental / Research purpose of our institution.

Signature with date & Office Seall

II. Sample Information

Number of samples: _____ Sample Codes: _____

* Type analysis required (Tick): Excitation / Emission

* Nature of Sample: Pellet / Powder / film / liquid / others (specify) –
(Tick the appropriate ones)

* Incase of powder samples, select RT / low temperature (@77K)

*Excitation Wavelength: _____nm

*Expected Emission range: nm to.....nm

(*Send Reference Paper to this email id: selvis_ph@kongunaducollege.ac.in ; so that excitation & emission wavelength can be known)

Note: Items marked * must be completed to carry out the measurements.

Payment Details: DD number: _____; Bank: _____; Date: _____

Please Note

- (1) The measurement charge per sample is Rs.300. For low temperature measurement at 77K, the charge per sample is Rs. 900.
- (2) In case of post, DD should be drawn in favour of “**The Principal, Kongunadu arts and Science College**”, payable at Coimbatore. The samples should be reached at “**The Head, Department of Physics, Kongunadu Arts and Science College, GN Mills Post, Coimbatore – 641029**”
- (3) In case of in person, the charges can be paid at the desk at the time of submission of form.
- (4) Data and acknowledgement will be provided only via e-mail. If you need receipt & sample by post, pay Rs.60 (outside Coimbatore) or Rs.25 (inside Coimbatore).
- (5) Please use this email id: pl.kongu@gmail.com for all correspondence.
- (6) For internal candidates, Contact staff in charge for measurement charge.

FOR OFFICE USE

Requisition Number : _____

DD/Cash : _____

Date Received : _____

Signature : _____

FOR DEPARTMENT USE

Data Sent Date: _____

Signature: _____