



**NATIONAL INSTITUTE OF TECHNOLOGY  
TIRUCHIRAPPALLI – 620 015**

**PL Spectra - Requisition form**

**Date:**

<b>1.</b>	<b>Name &amp; Address of the Institute / Department</b>	:	
<b>2.</b>	<b>Name of the Faculty / Student</b>	:	
<b>3.</b>	<b>Excitation wavelength(s)</b>	:	
<b>4.</b>	<b>Scan Range</b>	:	
<b>5.</b>	<b>Nature of the samples (Powder, Thin film, liquid)</b>	:	
<b>6.</b>	<b>Composition and Toxicity</b>	:	
<b>7.</b>	<b>Number of Sample</b>	:	
<b>8.</b>	<b>Contact e-mail Id</b>	:	
<b>9.</b>	<b>Contact Phone Number</b>	:	

*In all the publications of research work with the PL data provided, I shall acknowledge the facility*

**Signature (Student)**

*Certified that the user is a student / employee of our organization. Also certify that the samples are prepared for his research purpose only.*

**Name and Signature of Research Guide**

**Faculty in-charge for Spectrofluorometer  
(Dr. M.C. Santhosh Kumar)**

**NOTE:** Please provide a new CD for collecting your data. Memory stick is not accepted due to VIRUS problems.