

For office use only

Sr. No.....

Date: / /

## **REQUISITION FORM FOR RAMAN**

**DEPARTMENT OF MSME**

**MANIT BHOPAL (M.P.)**

**Contact:**

1. NAME OF THE USER:.....

2. DESIGNATION:.....

3. ADDRESS OF DEPARTMENT/CENTER:.....

.....

4. E-MAIL: 5. CONTACT NO.....

6. Users: External Internal

6. SAMPLE INFORMATION:

| Sr. No | Sample ID | Wave-Number<br>(cm <sup>-1</sup> ) | Sample description<br>(powder/pellet/thin film) |
|--------|-----------|------------------------------------|---|
| 1      |           |                                    |   |
| 2      |           |                                    |   |
| 3      |           |                                    |   |
| 4      |           |                                    |   |

### **Recommendation from Head of Department/Institute/Industry/Center**

The above samples may be accepted on the behalf of our department/ Institution

Signature of user Supervisor's

Signature of Head of Department

With official Seal

Signature of the user

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Consultancy serial No.....

Payment received receipt no.....DD/cash.....Dated.....Amount: .....

**Signature of the Instrument Operator**

**Signature of Lab In charge**