

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory

Service Request Form

**(UV/VIS.) SPECTROPHOTOMETER**

		Form No	
Name		Date	
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

S. No.	Sample Code	Experiment			Range	
		Fixed wave length	Scan	Others	UV	Visible
1.						
2.						
3.						
4.						
5.						

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Sample quantity required is 1 mg/ml (5ml)

Sample preparation	
Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, other
Any Additional Information	

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Signature of Authorized Person

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**For Office Use (Internal / Outside Samples)**

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

**For Outside Sample(s)**

Date	Receipt / Invoice No.	Amount (₹)