

Serial Number (For office use only):

**CENTRAL INSTRUMENTATION FACILITY  
BHARATAMATA COLLEGE, THRIKKAKARA  
KERALA-682021**

**FT-IR ANALYSIS**

User Information

Address of the Institution

Name:

Designation:

Affiliation:

Email address:

Billing address:

Phone number:

Sl. No.	Sample Code*:	Additional information (Molecular formula, Functional groups etc.) <sup>#</sup>
1		
2		
3		
4		
5		

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(For office use only)

Date of sample received:

Date of spectrum recorded:

Name and Signature of the staff in-charge

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Note: Please submit additional form if the number of samples exceeds five

\*Mandatory

# Optional

Serial Number (For office use only):

**CENTRAL INSTRUMENTATION FACILITY  
BHARATAMATA COLLEGE, THRIKKAKARA  
KERALA-682021**

**PARTICLE SIZE (DLS) AND ZETA POTENTIAL ANALYSIS**

User Information

Address of the Institution

Name:

Designation:

Affiliation:

Email address:

Billing address:

Phone number:

Sl. No.	Sample Code*:	Additional information (Sample nature, solvent, refractive index) #
1		
2		
3		
4		
5		

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(For office use only)

Date of sample received:

Date of spectrum recorded:

Name and Signature of the staff in-charge

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Note: Please submit additional form if the number of samples exceeds five

\*Mandatory

# Optional

Serial Number (For office use only):

**CENTRAL INSTRUMENTATION FACILITY  
BHARATAMATA COLLEGE, THRIKKAKARA  
KERALA-682021**

**DIELECTRIC MEASUREMENTS**

User Information

Address of the Institution

Name:

Designation:

Affiliation:

Email address:

Billing address:

Phone number:

Sl. No.	Sample Code*:	Additional information (Sample nature, parameters needs to measure, voltage) #
1		
2		
3		
4		
5		

---

(For office use only)

Date of sample received:

Date of spectrum recorded:

Name and Signature of the staff in-charge

---

Note: Please submit additional form if the number of samples exceeds five

\*Mandatory

# Optional

Serial Number (For office use only):

**CENTRAL INSTRUMENTATION FACILITY  
BHARATAMATA COLLEGE, THRIKKAKARA  
KERALA-682021**

**UV ANALYSIS (SOLID, LIQUID AND FILM)**

User Information

Address of the Institution

Name:

Designation:

Affiliation:

Email address:

Billing address:

Phone number:

Sl. No.	Sample Code*:	Additional information (Sample nature, solvent, wave length) #
1		
2		
3		
4		
5		

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(For office use only)

Date of sample received:

Date of spectrum recorded:

Name and Signature of the staff in-charge

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Note: Please submit additional form if the number of samples exceeds five

\*Mandatory

# Optional