

# Chemistry Instrumentation lab

IIT DELHI  
NEW DELHI 110016

## Requisition Form for use of Facility (Outside Office Hours)

Name of user: .....

Designation (MSc/MTech/ Project/PhD/ RA/Faculty): .....

Department and Lab (Rm) No.:.....

Tel/ Mobile no:..... Email: .....

Instrument to be Used: .....

Slots for usage (Circle one):                      5:00 – 7:30                      7:30 - 10:00

Date of Usage: ..... Number of samples:.....

Type of Sample: .....

Remarks for special needs (e.g. usage for extended time period beyond approved slot timings):

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### Undertaking:

I/we undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/we also assure to use the facility in the best of faith and apply extreme caution in handling the instruments inside the facility.

Signature of User: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_

Date of submission of requisition: \_\_\_\_\_

\_\_\_\_\_  
Approved by Co-ordinator

### Coordinators

- 1) Fluorescence: Dr Pramit Kumar Chowdhury
- 2) HPLC: Dr V Haridas
- 3) CV: Dr S Nagendran
- 4) Absorption spectrometer: Dr Sameer Sapra
- 5) FTIR: Dr Pramit Kumar Chowdhury