

# University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date \_\_\_\_\_

## Requisition form for using the facility of Laser Raman Spectrometer Instrument

1. Name of the Scholar \_\_\_\_\_
2. Name of the Supervisor \_\_\_\_\_
3. Number of samples (Max 7 Sample) \_\_\_\_\_
4. Sample Code Nos. (if any) \_\_\_\_\_
5. Nature of Samples (tick)                      Powders, Pallet, Thin Film, Single Crystals
6. Chemical composition of the sample being studied \_\_\_\_\_
7. Wavelength Used \_\_\_\_\_
8. Wave Number Range \_\_\_\_\_

### For USIC office Use only

Application No. \_\_\_\_\_ Instrument booked \_\_\_\_\_

Tentative booking schedule for the measurements Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Student / \_\_\_\_\_  
Scholar  
Course \_\_\_\_\_  
Contact Number \_\_\_\_\_

Signature \_\_\_\_\_  
of the Supervisor  
Department  
(with Seal) \_\_\_\_\_

Signature \_\_\_\_\_

Director, USIC