# **Application form**

#### JAMAL INSTRUMENTATION CENTRE (JAMIC)

#### JAMAL MOHAMED COLLEGE (AUTONOMOUS)

Tiruchirappalli – 620 020.

URL: www.jmc.edu

Sample Analysis Requisition Form for Binary HPLC Model: Breeze QS – Waters(USA)

Date:

Name of the Student :	
Roll No. & Department:	
Name of the Faculty / Guide In-	
Charge / Supervisor: Name of the College & Address	
Billing Name & Address:	
Phone / Mobile No:	
Email:	
1. No. of Samples :	
2. Sample ID :	
3. Nature of Sample :	
4. Type of Sample :	
Any other information	
Signature of the Student	Signature of the Supervisor (With Seal)
Institution/Department:	

- (i) The Charges have to be paid at the time of submission of the samples. All Payments should be made to The Principal, Jamal Mohamed College (Autonomous) Tiruchirappalli 620 020.
- (ii) In all Publications of Research Work, where in the Analytical Services of the Jamal Instrumentation Centre (JAMIC), Jamal Mohamed College (Autonomous) Tiruchirappalli, shall be duly acknowledged.
- (iii) Kindly send us the Publication Reference (Journal Name / VolumeNumber / Names of the Authors / Date of Issue of the Publication etc.)
- (iv) Data will be supplied in the Compact Disc provided by the user.

# **JAMAL INSTRUMENTATION CENTRE (JAMIC)**

#### JAMAL MOHAMED COLLEGE (AUTONOMOUS)

Tiruchirappalli – 620 020.

URL: www.jmc.edu

Sample Analysis Requisition Form for FT-IR Spectrometer-Model: ALPHA II, Bruker-Germany

Date:

Name of the Student:	
Roll No. & Department:	
Name of the Faculty / Guide In-	
Charge / Supervisor:	
Name of the College & Address	
Billing Name & Address:	
Phone / Mobile No:	
Email:	
1. No. of Samples	:
2. Sample ID	:
3. Nature of Sample	: Inorganic / Organic / Polymer Film / Powder /Others
4. (Specify)	:
5. Type of Sample	: Solid (Crystalline/Amorphous) / LiquidWhether
6. Hygroscopic: Yes / No	
7. pH of the Sample	:
(ATR Allowed pH Range is from 5 to	8)
8. Type of Analysis for IR : Abso	orption / Transmission / ATR
9. Wave length Range (in cm <sup>-1</sup> ):	

# Any other information

**Signature of the Student** 

**Signature of the Supervisor (With Seal)** 

#### **Institution/Department:**

- (i) The Charges have to be paid at the time of submission of the samples. All DD Payments should be made to The Principal, Jamal Mohamed College (Autonomous) Tiruchirappalli 620 020.
- (ii) In all Publications of Research Work, where in the Analytical Services of the Jamal Instrumentation Centre (JAMIC), Jamal Mohamed College (Autonomous) Tiruchirappalli 620 020. Shall be duly acknowledged.
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# JAMAL INSTRUMENTATION CENTRE(JAMIC)

#### JAMAL MOHAMED COLLEGE (AUTONOMOUS)

Tiruchirappalli – 620 020. URL: www.jmc.edu

#### Sample Analysis Requisition Form for Multi RAM Bruker FT Raman Spectrometer

Date:

Name of the student :		
Roll No. & Department:		
Name of the Faculty / Guide In- Charge / Supervisor:		
Name of the College & Address		
Billing Name & Address :		
Phone / Mobile No:		
Email:		
1. No. of Samples	:	
2. Sample ID	:	
3. Nature of Sample	: Inc	organic / Organic / Polymer Film / Powder /Others
4. (Specify)	:	
5. Type of Sample	: So	lid (Crystalline/Amorphous) / LiquidWhether
6. Hygroscopic: Yes / No		
7. pH of the Sample	:	
(ATR Allowed pH Range is from 5 to 8)		
O True of Analysis for ID		haamtian / Tuonamissian / ATD

8. Type of Analysis for IR

: Absorption / Transmission / ATR

9. Wave length Range (in cm<sup>-1</sup>)

Any other information

# **Signature of the Student Institution/Department:**

#### **Signature of the Supervisor(WithSeal)**

- (i) The Charges have to be paid at the time of submission of the samples. All DD Payments should be made to The Principal, Jamal Mohamed College (Autonomous) Tiruchirappalli 620 020.
- (ii) In all Publications of Research Work, where in the Analytical Services of the Jamal Instrumentation Centre (JAMIC), Jamal Mohamed College (Autonomous) Tiruchirappalli 620 020. Shall be duly acknowledged.
- (iii) Kindly send us the Publication Reference (Journal Name / VolumeNumber / Names of the Authors / Date of Issue of the Publication etc.)
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### JAMAL INSTRUMENTATION FACILITY (JAMIC)

#### JAMAL MOHAMED COLLEGE (AUTONOMOUS)

Tiruchirappalli – 620 020. URL: www.jmc.edu

Sample Analysis Requisition Form for ATOMIC ABSORPTION SPECTROMETER (Model: iCE FIOS)

Date:

Name of the student :	
Roll No. & Department:	
Name of the Faculty / Guide In- Charge / Supervisor:	
Name of the College & Address	
Billing Name & Address:	
Phone / Mobile No:	
Email:	
5. No. of Samples :	
6. Sample ID :	
7. Nature of Sample :	
8. Type of Sample :	
Any other information	

#### **Signature of the Student**

**Signature of the Supervisor (With Seal)** 

Institution/Department:

- (i) The Charges have to be paid at the time of submission of the samples. All Payments should be made to The Principal, Jamal Mohamed College (Autonomous) Tiruchirappalli 620 020.
- (ii) In all Publications of Research Work, where in the AnalyticalServices of the Jamal Instrumentation Centre (JAMIC), Jamal Mohamed College (Autonomous) Tiruchirappalli, shall be duly acknowledged.
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