

DEPARTMENT OF PHARMACEUTICAL ANALYSIS  
J.S.S COLLEGE OF PHARMACY, OOTACAMUND  
REQUISITION FORM FOR OBTAINING SPECTRA DATA

DATE:

1. NAME OF THE APPLICANT :  
2. CATEGORY OF THE APPLICANT : STAFF / STUDENT / OTHERS (B.Pharm / M.Pharm / Ph.D)  
3. NAME OF THE DEPARTMENT :  
4. NAME OF THE SAMPLE :  
5. TYPE OF SPECTRA REQUIRED : FT-IR  
6. NUMBER OF SAMPLES :  
7. DETAILS REQUIRED :  
8. WAVE NUMBER REGION :  
9. PURPOSE OF TAKING SPECTRA : CLASS WORK / PROJECT WORK / OTHERS  
10. TITLE OF THE PROJECT :  
11. OTHER DETAILS IF ANY :

DATE:  
FORWARDED BY GUIDE

SIGNATURE OF THE APPLICANT

HEAD OF THE DEPARTMENT

HEAD OF THE DEPARTMENT  
PHARMACEUTICAL ANALYSIS

RECEIVED THE SPECTRA

\* **Note: Spectras are for college project / research only**

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6. NUMBER OF SAMPLES :  
7. DETAILS REQUIRED :  
    A) FOR UV SPECTRA :  
        (i) WAVE LENGTH : SOLVENT  
        (ii) OUTPUT : THERMAL PAPER / READING ONLY  
    B) FOR IR SPECTRA :  
        (i) WAVE NUMBER REGION :  
8. PURPOSE OF TAKING SPECTRA : CLASS WORK / PROJECT WORK / OTHERS  
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