



UV-VIS-NIR Request Form
Sophisticated Instrument Centre (SIC), IIT Indore

General Information

Name: _____ Date: _____
Email id: _____ Research Guide: _____
Department: _____ Phone No: _____

Sample Information

No. of Samples: _____ Sample Code(s): _____
Wavelength Range: _____ nm to _____ nm
(Minimum 200nm to Maximum 3300 nm)
Special Experiment:

Signature
(Student)

Signature
(Supervisor/Guide sign)



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