**REQUISTION FORM FOR USE OF ULTRAVIOLET VISIBLE SPECTROSCOPY (UV SPECTROSCOPY)**

**NAME:**

**DESIGNATION:**

**ADDRESS:**

**TEL. / MOBILE NO.: EMAIL:**

**NATURE OF SAMPLES: 1. SOLID 2. LIQUID**

**NO. OF SAMPLES:**

**CODE OF SAMPLES:**

**SOLVENT: REFERENCE:**

**RANGE: nm To nm**

**λmax (if known): nm**

**DATED:**

**SIGNATURE OF REQUISITIONER:**

**For Office Use Only**

**S. No. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**