



REQUISITION FORM FOR ULTRAVIOLET VISIBLE SPECTROSCOPY (UV SPECTROSCOPY)

NAME: <input type="text"/>		For Office Use Only
DESIGNATION: <input type="text"/>		Reference No. <input type="text"/>
ADDRESS: <input type="text"/>		DATE: / /
TEL. / MOBILE NO.: <input type="text"/>	EMAIL: <input type="text"/>	
NATURE OF SAMPLES:		
1. SOLID <input type="checkbox"/>		
2. LIQUID <input type="checkbox"/>		
CODE OF SAMPLES: <input type="text"/>		
SOLVENT: <input type="text"/>		
REFERENCE: <input type="text"/>		
RANGE: <input type="text"/> nm To <input type="text"/> nm		
λ_{\max} (if known): <input type="text"/> nm		
SIGNATURE <input type="text"/>		DATE: / /