



SOPHISTICATED ANALYTICAL INSTRUMENTATION FACILITY
St. Peter's Institute of Higher Education and Research
ST. PETER'S UNIVERSITY
Avadi, Chennai – 600 054.

LUMINESCENCE SPECTROMETER

User Information:

Date:

Name :
Designation :
Affiliation :
Address for communication :
Bill to be address to :
Phone Number :
E-mail Address :

Purpose for which the measurement is requested:
(In brief)

DD. No., Date., Amount., Bank.

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the SAIF, SPU, Chennai. The details of publications will be intimated to the SAIF.

Signature with date & seal
(HOD / Principal / Guide / Managing Director)

Dean
Research & Development
St. Peter's University

SAMPLE INFORMATION

*No of samples :
*Sample Code :
* Nature of the sample (solid/liquid) :
*Solvent :
*Region of measurement:
*Excitation wavelength:
*Sample submitted:
Emission:
Excitation:

*Solvent to be used in case of Solution Spectrum shall be given by the users.

Result shall be provided in Soft copy form

Columns marked * must be filled to ensure quick processing of samples Reports will be released only after payment is received.

Charges for the measurement should be sent through an advance demand draft drawn in favor of “**St. Peter's Institute of Higher Education and Research, Avadi, Chennai**” along with the samples, to the **Dean (R&D), St. Peter's University, St. Peter's Institute of Higher Education and Research, Avadi, Chennai-600 054.**

As per the guidelines of the St. Peter's University (SPU), in all publications of Research work, where in the analytical services of the SAIF have been made use of, the SPU and the SAIF shall be duly acknowledged. Kindly send us the publication reference (Journal name /volume Number / names of the authors / date of issue of the publication etc) to us.