NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for FTIR

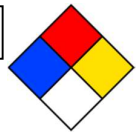
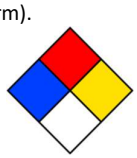
Type of User: NITW / External Academic / Industrial Date:

Name of the user:	Name of the Supervisor /PI:
Department:	Email:
Institute / Industry	Contact No:
Address of the Institute:	
Email:	
Contact No.:	

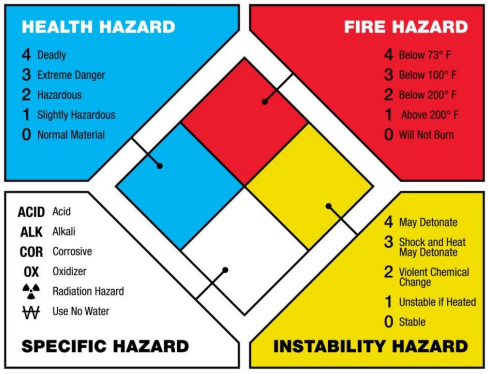
S. No	Number of Samples	Sample Code	L-Liquid P-Powder T- Thinfilm G-Gel S- Solid	Range of measurement	Air/ Moisture Sensitive (Yes / No)	Type of Analysis Required (tick)	
						Reflection (ATR)	Transmission (KBrDisc)
1							
2							
3							
4							
5							

NOTE:
For powder samples, a minimum quantity of 3–5 mg is required. Users are required to prepare the powder samples into KBr pellets themselves at the FTIR facility. KBr powder will be supplied by CRIF during sample preparation.
For liquid samples, a minimum quantity of 0.5 mL is required.

Please fill in appropriate numbers in the NFPA diamond according to the S.No. above (Refer the image at the end of this form).

1  2  3  4  5 

i. **Sample Properties:** Carcinogenic(carcinogenicity level _____) / Non Carcinogenic Radioactive / Explosive/ Toxic/ Corrosive / Flammable/ Non-flammable/ Others (Specify)
ii. **Whether incompatible with any material** : Yes/No (Specify the materials)
iii. **Toxicity:** Hazardous / Non Hazardous
iv. **Health Hazards:** Yes/No (irritant to skin/ irritant to eyes/ harmful to skin/ toxic if inhaled/ toxic if ingested)
v. **First aid measures:** Eyes/ Skin/Inhalation/Ingestion/Others(specify)
vi. Disposal Methods of the sample:
vii. Additional information if any:



Declaration:

I confirm that the samples submitted for analysis are for research purpose only and the above furnished details are correct and true to the best of my knowledge. I understand that I will be held responsible for any damages arising from incorrect information provided by me against the safety declaration points (**i** to **vii**).

I agree to acknowledge Central Research Instrumentation Facility (CRIF), NIT Warangal for providing (Instrument) analytical facility for my research work, in my publication. I also agree to send the publication reference to crif_head@nitw.ac.in (Journal name/ Volume number/ Names of the authors/ Date of issue of the publication).

Important Instructions:

- The maximum allowed samples per slot is 5
- Continuous slot booking is not allowed; all users have equal priority.
- The slot will be cancelled if the user is absent at the allotted time.

For tariff details Scan here

Signature of the User
Date:

Signature of the Supervisor with stamp
Date:

A total amount (Including 18% GST) of ₹_____/- (In words_____ only) towards testing of all the above samples shall be paid from the DOC of our department to the F590 account.

Signature of the HOD with Stamp/Seal
Date: