NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for Photo Luminescence/ Fluorescence

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	Sample Code	L-Liquid T-ThinFilm P-Powder	Solubility	Excitation Wavelength	Emission Range	Recording Temperature			Type of Analysis Required (tick)			
						Room	Variable	Low(77K)	Emission Spectrum	Life Time	Excitation Spectrum	Quantum Yield measurement
1												
2												
3												
4												
5												

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

1 

2 

3 

4 

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 ifany:**



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:

- 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: