



**SHOBHABEN PRATAPBHAI PATEL SCHOOL OF PHARMACY
& TECHNOLOGY MANAGEMENT
MUMBAI**

**Service Request Form: Fourier Transform Infrared Spectrophotometer with ATR
(Perkin Elmer -RX1 Spectrum 2)**

Name of Requisitioner :		Date:
Department		
Institute/ Industry		
Complete Address		
E- Mail ID		Mobile No.
Sr. No.	Sample Name/Code	Solid/ Liquid
1		
2		
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5		
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8		
9		
10		
Any additional information like handling precautions if any		

❖ Please enclosed copy of ID card & payment receipt.

Signature of Requisitioner

Approved by

Signature of Guide/Authorised Person

Dean
SPPSPTM

Seal/ Stamp: