

Indian Institute of Technology, Bombay
Fluoromax Plus
Central Facility for Photon Counting Spectrofluorometer
Room No.360, 2nd Floor, Chemistry Department Facility lab2
Email: amol_ah@iitb.ac.in, Tel. No: 022-25764159
Department of Chemistry



1. External User Registration No.: _____ Date: / /
2. Name of the User: _____
3. Name of the Institute/Organization: _____

(Appropriate letter to be enclosed; please see instruction sheet)

4. Email and Tel. No.: _____
5. No. of Samples: _____
6. Sample Code: _____

7. Experimental details [Wavelength range, Nature of sample (Solid/ Liquid/
Film), solvent, parameter if any] _____

8. Special requirement if any: _____

Material is not poisonous/toxic in any way (please provide MSDS data sheet)

We agree to acknowledge the **Fluoromax Plus, Spectrofluorometer, Central Facility of IIT Bombay** in our publications/ Reports/ Thesis in which the data is used.

Signature of the User _____

Instructions:

- A maximum of three samples/one registration form will be accepted at a time.
- Use back side of the form for writing the details of more than one sample.

While receiving the results:

Date of experiment: _____ Date of Result sent: _____

Received samples and results.

Signature of the User _____

For Office Use Only

Date of experiment: _____ Date of Result sent: _____

Name of the operator: _____ Signature of operator: _____