Indian Institute of Technology, Bombay

**Horiba Fluorolog QM,**

**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 Guide and Department:
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 MDS data sheet)

We agree to acknowledge the Horiba Fluorolog QM**, 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.
	+ All chemicals involved to be supplied by user
	+ Use back side of the form for writing the details of more than one sample.

# While receiving the results:

Date of experiment:

# Received samples and results.

Date of Result sent:

Signature of the User

Date of experiment:

# For Office Use Only

Date of Result sent:

Name of the operator: Signature of operator: