

# SOPHISTICATED ANALYTICAL INSTRUMENTS FACILITY (SAIF) MAHATMA GANDHI UNIVERSITY, KOTTAYAM

## ANALYSIS REQUEST FORM

For Confocal Raman Microscope with AFM

### Personal Details

Name \*

E-mail address \*

Designation and official address \*

Mobile \*

Name of the HOD/GUIDE \*

### Analysis Details

User category \*

No. of samples \*

Research Area / Topics

Type of analysis \*

Raman spectrum

Raman Image

AFM

### Sample Description

S.No	Sample Code	Type of Analysis			Excitation Wavelength 633nm/ 532nm	Sample specification	Any other special instructions. Please specify	Data specification or Whether you need the data in the digital/soft form or hard copy
		Raman Spectrum	Raman Imaging	AFM				
1								
2								
3								
4								
5								
6								
7								
8								

### Payment Details

Mode of payment \*

Total amount \*

Name of the Bank \*

Date of payment \*

\* Mandatory

Any other clarification contact saif@mgu.ac.in