

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory
Service Request Form**POLARIMETER**

		Form No	
Name			Date
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

S. No.	Sample Code	Experiment		Solvent	Concentration
		Optical Rotation	Specific Rotation		
1.					
2.					
3.					
4.					
5.					

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Sample quantity required is 1mg/ml (10 ml). Mention the name of solvent in which the sample to be dissolved. Sample should be clear and uniform liquid

Wave length (nm)	633, 589, 546, 435, 405, 365.
Nature of Sample	Lachrymatory, Explosive, other
Additional Information	

Signature of Authorized Person

For Office Use (Internal / Outside Samples)

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

For Outside Sample(s)

Date	Receipt / Invoice No.	Amount (₹)