



**DEPARTMENT OF PHYSICS CONSULTANCY CELL,  
RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY, NAGPUR**

**Request Form for UV-VIS spectroscopy**

Date:		
Name:		
Address:		
Email:		Mobile:
Conditions for Analysis:		
<ol style="list-style-type: none"><li>1. Sample must be in powder or liquid form.</li><li>2. Reading should be taken in either absorption or transmission modes for wavenumber range 200-800 nm.</li></ol>		
Number of Samples:		
Details of samples:		
<b>Category (please tick whichever is applicable):</b>		
<ul style="list-style-type: none"><li>• PG Department of Physics and other department of RTMNU</li></ul>	<b><i>*Charges per sample: Rs 200 /- per sample+ 18% GST</i></b>	
<ul style="list-style-type: none"><li>• Other Educational Institution, affiliated colleges and ex-students of RTMNU</li></ul>	<b><i>Charges per sample: Rs 200 /- per sample + 18% GST</i></b>	
<ul style="list-style-type: none"><li>• R &amp; D Labs</li></ul>	<b><i>Charges per sample: Rs 400 /- per sample + 18% GST</i></b>	
<ul style="list-style-type: none"><li>• Industries</li></ul>	<b><i>Charges per sample: Rs 500 /- per sample + 18% GST</i></b>	
Payment receipt number:		
Signature of the applicant	Name, Signature and seal of HOD/Principal/Guide/Supervisor/Managing Director	
Signature of Instrumental Charge	Signature of Coordinator Consultancy Cell	Signature of Head, Department of Physics
For office use only:		
Date of analysis:		
Invoice number dated:		