



## DECLARATION FORM

### Submission of sample for Analysis

<b>User Name</b>	Dr/Mr/Mrs/Ms	
<b>Contact Number &amp; Email ID</b>		
<b>Date of Submission</b>	Date/Month/Year	
<b>Name of Guide</b>	Dr/Mr/Mrs/Ms	
<b>Designation</b>	UG/PG/Research Scholar	
<b>Nature of Sample</b>	Solid/Liquid/Powder	
<b>Mode of Analysis</b>	Transmittance/Absorbance	
<b>Certified that the sample submitted belongs to the user mentioned above and we agree to acknowledge the usage of the facility in publications and details of the same will be intimated.</b>		
<b>Signature of the User with Date</b>		
<b>Signature of the Guide with Date and seal</b>		