

ANALYSIS REQUEST FORM

Date:

- TMA Rheometer DSC DMA
- UTM XRD Contact angle POM
- Electrospinning Lyophilizer Impact Tester Gas Permeability
- Dielectric Analysis MDR Brabender Mixer
- UV/Vis/NIR spectroscopy

Name of the applicant:

Designation:

Name and signature of the supervisor:

Sample details:

Sl No.	Sample code	Remarks

Analysis conditions (specify if any):

Signature of the approving authority

Operator

(Prof. Dr.Sabu Thomas)