



## Circular Dichroism Facilities



Advanced Materials Research Centre (AMRC), Kamand Campus  
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- A. Name of the User \_\_\_\_\_
- B. Designation and address of the User \_\_\_\_\_
- C. Telephone no. & E-mail Id. \_\_\_\_\_
- D. Supervisor Name. \_\_\_\_\_
- E. Details of the analysis: \_\_\_\_\_
- F. Billing Address: \_\_\_\_\_

### Description of the sample:

Sl No	Sample ID	Sample composition	Name of the solvent	Molecular weight of the sample	Wavelength range for analysis	Temperature

Any relevant information you may add

Signature of the Indenter:

Signature of the Supervisor:

Name:

Name:

Date & official stamp

### Address for Correspondence:

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