

CIRCULAR DICHROISM SAMPLE SUBMISSION FORM

CENTRAL INSTRUMENTATION FACILITY
Biotech Center, University of Delhi South Campus,
Benito Juarez Marg, New Delhi -110021
E-mail: cifudsc@south.du.ac.in
The data can be collected in CD/DVD only.

To
Professor- in-charge
CIF, UDSC

Dear Sir/Madam,
Machine ready test samples (no-) as detailed below are sent herewith for processing at the CIF.

Principal Investigator: _____ Phone: _____

Department//Institution: _____

Researcher: _____ Phone: _____

Email ID: (PI): _____ (Researcher): _____

Mode of Payment: CIF A/C DD Cheque

If DD/ Cheque, DD/Cheque No. _____ Bank _____ Date _____

NOTE: THE DRAFT/CHEQUE HAS TO BE MADE IN THE NAME OF DIRECTOR, UDSC.

Sample Name	: _____	Sample Conc.:	_____
CD spectra region	: Far-UV CD spectra (260nm-190nm) <input type="checkbox"/>	Near-UV CD spectra (320nm-260nm)	<input type="checkbox"/>
Spectral measurements:	Single temperature <input type="checkbox"/>	Variable Temperature Measurement	<input type="checkbox"/>
Sample UV spectra Known	(Yes/No)		

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of Indentor and date

**Signature of PI
(with stamp and date)**

Space below for CIF/UDSC use only

Received By	: _____	Sample code	: _____		
Date of receiving:	___/___/___	Date of completion:	___/___/___	Date of report sent:	___/___/___
Total Charges	: _____				
Remarks if any	: _____				

Signature of Technical Person

(Signature of Faculty In-charge)