

Bharati Vidyapeeth College of Pharmacy, Palus Tal - Palus, Dist. - Sangli Maharashtra - 416310 E-mail- <u>coppalus@bharatividyapeeth.edu</u> Website-http://coppalus.bharatividyapeeth.edu For office use only: Request No.: ..... Receipt No.: .....

## **Requisition Form for Instrumental Services**

Research Student /Party	Name:	
Research Mentor/Guide:		
Address:		
		E-mail:

To, Duin air

Principal

I/We request you to provide instrumental services as per details in given below:

Sr. No.	Types of Analysis/Method	Sample Specifications	No. of sample
	Instrument to be Used	Solid/Liquid	

\*Note: In order to expedite your work, please provide the information about any specific sample preparation, chemical to be used, and range of instrument to be used, any literature or your past analytical experience. We will appreciate your cooperation in this matter.

Purpose of work (if desirable):

Title of research project (if desirable): .....

I/We agree to pay the charges for this work, please send me/us a bill for the same in the name of .....

Date:

## **Signature of Applicant**

Signature of Mentor/Guide

Signature and Seal Head of Dept. /Institute

**Approved By:** 

Analyzed By:

Date:

Date: