



**Department of Chemistry
Saurashtra University
Rajkot**

Requisition Slip for GC-MS / FTIR

Inside Department / Outside Department

Form No _____ Date: _____

Name of requisite: _____

Name of Supervisor: _____ Nature of Sample _____

Email id: _____ Contact No: . _____

Address for Correspondence (Academic/ Industries): _____

Details of Samples:

Sr. No	Sample ID	Mol. Formula	Mol. Weight	MP/BP °C	Remarks (if any)
1.					
2.					
3.					
4.					
5.					

*MP/BP. Necessary ** regarding any query please corresponds to saifdocsu2018@gmail.com

Student
Signature

Supervisor
Signature

Head/PI/In charge
Signature

PAYMENT INFORMATION

Payment for GC-MS / FTIR

Form No.: _____

Name of Requisite: _____

Address for correspondence (Academic /Industries): _____

Payment received / Pending.....

Draft No/ Dated.....

Signature
Analyst

Seal

Signature
Head/PI/In charge

The payment should be made by Demand Draft drawn in favour of "SAIF PROFESSOR & HEAD, DEPARTMENT OF CHEMISITRY"