



**Department of Chemistry  
Saurashtra University  
Rajkot**

**Requisition Slip for UV**

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	Solubility	Wave length Range (Only for UV)	Remarks (if any)
1.						
2.						
3.						
4.						
5.						

\* regarding any query please corresponds to [saifdocsu2018@gmail.com](mailto:saifdocsu2018@gmail.com)

Student  
Signature

Supervisor  
Signature

Head/PI/In charge  
Signature

**PAYMENT INFORMATION**

**Payment for UV**

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"*