



Center of Excellence

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REQUISITION SLIP FOR ANALYSIS

Invoice in Favor of	DT: Contact Person: Contact Number: Email:
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Payment Details (Mandatory)

Amount Paid:
 By Cheque or DD or Online Transfer
 Cheque No/DD No./Transaction ID : _____

Sample Details:

Sr. No.	Sample Code	Solubility	Molecular Formula	Molecular Weight	Analysis	Remarks

Other Information:

I hereby declare that the above sample(s) is/are submitted with my knowledge on behalf of my Institute/Organization/Company.

Date:

Signature with Stamp

Bank Details of CENTER OF EXCELLENCE

Bank Name: CENTRAL BANK OF INDIA
Account Holder: CENTER OF EXCELLENCE
Account Number: 3342308651
IFSC Code: CBIN0281313