

Draft to be addressed in the name of Principal, DAV College, Sec-10, Chandigarh

DAV INSTRUMENTATION LABORATORY

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Requisition Form Gas Chromatograph

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User Information

User type: College campus/other educational institutions/ R&D Labs/ Industries (Please tick as applicable)

Name:

Designation:

Supervisor Name:

Research Area:

Department/Institution/College/ Company:

Billing Name & Address:

Pin:

State

Phone/Mob. No.:

Email Address:

Sample Details

No. of Samples :

Sample ID :

Solvent in which fairly soluble:

Boiling point of sample:

Method set: (describe completely):

Sample toxicity:

Amount Paid:

Draft No.....

Dated.....

Recommendation from Head of department

The above sample may be accepted on the behalf of department.....

Signature of User

Signature of Supervisor

Head of department (With stamp)