

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

DAV INSTRUMENTATION LABORATORY

DAV College Campus, Sec-10, Chandigarh

Requisition Form HPLC (Waters)

Website: www.davcil.in

Email: info@davcil.in,
davdstfist2019@gmail.com

Ph. 0172-2743980, 2741708

Lab Contact: +91-98723-13583

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:

Sample state: Solid/ Oil/ Liquid/ thin film (Please tick as applicable)

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)