** Bioresearch & Characterisation Centre**

**School of Science & School of Pharmacy**

Bhavnagar Highway, Kasturbadham (Tramba), Rajkot-360020, Gujarat

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| **REQUISITION SLIP FOR SAMPLE ANALYSIS** |

**Customer Details:**

Ref. No.:…………………. Date:……………

Contact Person:…………………………….

Phone:…………………………………………………….

E-mail:……………………………………………………

Full Name & Work Address:

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**Sample Details:**

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| Sr. No. | Sample Code | Solubility | Molecular  Formula | Molecular  Weight (g/mol) | Equipment to be used | Column  (for GC-MS) | M.P./B.P. (°C) |
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Other Information:

DECLARATION

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

Date: Signature & Stamp

::::::::::::::::::::::::: Accounts Section :::::::::::::::::::::::::

Generated Invoice No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Receiver’s Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount in INR (Rs.): \_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque/Draft No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_