## NATIONAL FACILITY FOR CLINICAL TRIAL (Sponsored by DST, Govt. of India) INTERDISCIPLINARY INSTITUTE OF INDIAN SYSTEM OF MEDICINE (IIISM) SRM IST, KATTANKULATHUR – 603203

## **REQUISITION FORM FOR AAS**

## **User Information**

1.	Name	:
2.	Designation	:
3.	Affiliation	:
4.	Address for communication	:
5.	Phonenumber	:
6.	Email address	:
7.	SpecialInstruction(s)	:

**Certification and undertaking by financially responsible person** (HOD / Principal / Guide / Managing Director): I agree to pay the charges for this analysis and certified that the user is a student / employee of our organization. I assure you that, all publications arising out of research work, where in the analytical services of the ISISM, SRM University have been madeuse of, the Center shall be duly acknowledged.

Signaturewithdate&seal (HOD / Principal / Guide / Managing Director)

Date:

## SampleinformationforSPM:

1.	Sample name and Amount in Rs. (DD.No):	
2.	Number of samples: Solubility: Solid/Liquid:	
3.	Analysis Range:Cm <sup>-1</sup> (or)nm	
4.	Sample Preparation Technique:	
	(To be filled by the Center Incharge)	
	Date of receipt of Sample :	
	Scheduled date of sample analysis :	
	Faculty in-charge for sample analysis :	
-	re of Dean SM	Signature of Incharge

Note:

The charges for external users have to be paid at the time of sample submission. All payments should be made in the form of a Demand Draft (DD) in favor of "SRMIST Consultancy" payable at Chennai, and the payment should be sent to The Dean, Interdisciplinary Institute of Indian System of Medicine (IIISM), SRMIST, Kattankulathur - 603203. Reports will be released only after payment is received.

\* Kindly send us the publication reference of all publication arising out of analysis done at the Center. (Journal name, Volume Number, Names of the authors, Date of issue of the publication etc).