

**NATIONAL FACILITY FOR CLINICAL TRIAL**  
(Sponsored by DST, Gov of India)  
INTERDISCIPLINARY INSTITUTE OF INDIAN SYSTEM OF MEDICINE (IIISM)  
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR – 603203

REQUISITION FORM FOR USING FLUROSCENCE MICROSCOPY UNIT

**User Information**

- |                              |   |       |
|------------------------------|---|-------|
| 1. Name                      | : | DATE: |
| 2. Designation               | : |       |
| 3. Affiliation               | : |       |
| 4. Address for communication | : |       |
| 5. Phone number              | : |       |
| 6. Email address             | : |       |
| 7. Special Instruction(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 IIISM, SRM Institute of Science and Technology have been made use of , the Center shall be duly acknowledged.

Signature with date & seal  
(HOD / Principal / Guide / Managing Director)

**Sample information for SPM:**

1. Sample name and amount : \_\_\_\_\_
  2. Number of samples: \_\_\_\_\_ Magnification: \_\_\_\_\_
  3. Sample Preparation Technique: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**(To be filled by the Center Incharge)**

Date of receipt of Sample: \_\_\_\_\_  
Scheduled date of sample analysis: \_\_\_\_\_  
Faculty in-charge for sample analysis: \_\_\_\_\_

Signature of In charge

Signature of Dean  
IIISM

**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 (D.D) in favour of "SRMIST Consultancy" payable at Chennai, and the payment should be sent to **The Dean, Interdisciplinary Institute of Indian System of Medicine (IIISM), SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, Kattankulathur, 603 203. 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).