NATIONAL FACILITY FOR CLINICAL TRIAL

(Sponsored by DST, Govt. of India)
INTERDISCIPLINARY INSTITUTE OF INDIAN SYSTEM OF MEDICINE (IIISM)
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR – 603203

REQUISITION FORM FOR HPLC/HPTLC

User Information

1.	Name	:	Date:
2.	Designation	:	
3.	Affiliation	:	
4.	Address for communication	:	
5.	Phonenumber	:	
6.	Email address	:	
7.	SpecialInstruction(s)	:	
organi the III	ization.l assure you that, all public	ations arising out of	that the user is a student / employee of ou research work, where in the analytical services or been made use of, the Center shall be duly
		(HOE	Signaturewithdate&seal O / Principal / Guide / Managing Director)
Sa	ampleinformationforSPM:		
1.	Sample name and Amount in R	s. (DD.No):	
2.	Number of samples:	Solubility:	Solid/Liquid:
3.	Analysis :		
4.	Sample Preparation Technique	:	
		(To be filled by the	e Center Incharge)
	Date of receipt of Sample		
	Scheduled date of sample analy	· /sis :	
	Faculty in-charge for sample an	alysis :	
Signatu	ure of Dean		Signature of Incharge

Note:

IIISM

The charges for external users have to be paid at the time of sample submission. All payments shouldbe made in the form of a Demand Draft(DD) in favor of "SRMIST Consultancy" payable at Chennai, and the payment shouldbesent to The Dean, Interdisciplinary Instituteof Indian System of Medicine (IIISM), SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, 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 issueof the publication etc).