NATIONAL FACILITY FOR CLINICAL TRIAL

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INTERDISCIPLINARY INSTITUTE OF INDIAN SYSTEM OF MEDICINE (IIISM)
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, KATTANKULATHUR – 603203

REQUISITION FORM FOR MASS SPECTROSCOPY

		User Info	ormation
1.	Name	:	Date:
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 analysisand 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.			
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<u>Sa</u>	mpleinformationforSPM:		
Sample name and Amount in Rs. (DD.No):			
2.	Number of samples: So	olubility:	Solid/Liquid:
3.	Molecular weight (expected):		m/z
4.	Sample Preparation Technique:		
(To be filled by the Center In charge)			
	Date of receipt of Sample :		

Signature of Dean IIISM

Scheduled date of sample analysis

Faculty in-charge for sample analysis : ___

Signature of In charge

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 shouldbesent to The Dean, Interdisciplinary Institute of Indian System of Medicine (IIISM), SRM INSTITUTE OF SCIENCE AND TECHNOLOGY, Kattankulathur, 600 203. 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).