



**DEPARTMENT OF CHEMISTRY
SAURASHTRA UNIVERSITY
RAJKOT**

Sophisticated Analytical Instrumentation Facility (SAIF)

Requisition Slip for Analysis		Form No: _____
<input type="radio"/> Inside Department	<input type="radio"/> Outside Department	Date: _____

Name of requisite: _____

Name of Supervisor: _____ Number of Sample: _____

Email id: _____ Contact No: _____

Address for Correspondence (Academic/ Industries): _____

Types of (Analysis) **GC-MS** **FTIR** **Uv-Vis.** **HPLC**

***Details of Sample**

No.	Sample ID	Mol. Formula	Mol. Weight	MP/BP°C	Remarks

Signature
(Student)

Signature
(Guide)

Signature
(Head / PI / Incharge)

Payment Details (Mandatory)

Form No. : _____ Date. : _____

Received with thanks from Dr./Mr./Mrs./Ms. _____

The sum of Rupees _____ towards _____ Testing charges
against Bill No: _____ by Cheque /DD No. / Cash/Online Transfer ID: _____ Date: _____

Signature (Analyst)

(Seal)

Signature (Head/PI/ Incharge)

Bank Details for payment

Account No. 1340938768

IFSC Code: CBIN0281313

Email: saifdocsu2018@gmail.com

Account Name (Bank. / D.D. / Cheque):- SAIF PROF & HEAD DEPARTMENT OF CHEMISTRY

Bank Name: CENTRAL BANK OF INDIA (Saurashtra Uni. Branch)

Contact No. (0281) 2578501 (EPBX-501-510 Chemistry)