

**JANKIDEVI BAJAJ COLLEGE OF SCIENCE,
CIVIL LINES, WARDHA-442001
CENTRALISED INSTRUMENTATION CENTER**

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REQUISITION FORM FOR GEL DOCUMENTATION SYSTEM

User Information

Name (In Block Letters) :	
Designation:	
Name and Address of the Institute:	
Research Area:	
Department & University/ Institution/College:	
Phone/ Mobile Number: E-mail Address:	
Billing Name & Address:	
User Category :	Student/ Research Scholar/Faculty/ Industry Expert/ Others

Sample Details

No. of Samples :	Sample Type:
Sample ID :	Name of sample/s :

- **Sample requirement: 20 ml gel**
- **Please bring a CD in case a soft copy of result is needed.**

Amount paid:

Draft No/ Online Transaction No:

Dated:

Draft to be made in the name of Principal, Jankidevi Bajaj College of Science, Wardha

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For office use only

Payment received vides receipt no.....

DD/cash.....Dated.....

Amount:

Job No. / Ref No. _____

Recommendation

The above samples may be accepted for the analysis.

Signature of Instrument Expert

Signature of CIC Incharge

Signature of Head of Institute
With official Seal
