

SHIKSHA MANDAL's
BAJAJ COLLEGE OF SCIENCE, WARDHA (AUTONOMOUS)
 CIVIL LINES, WARDHA-442001
SOPHISTICATED ANALYTICAL INSTRUMENTATION FACILITY(SAIF)

Email: instrumentation.bcs@gmail.com

Ph: 07152-230515, 243851, 255070 (Office)

REQUISITION FORM FOR UV-Vis. SPECTROPHOTOMETER

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 :

- ***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 Guardian

Signature of SAIF Incharge

Signature of Head of Institute
With official Seal
