

Service Requisition Form

DEPARTMENT OF CHEMISTRY

The Gandhigram Rural Institute – Deemed to be University, Gandhigram – 624 302

FT-IR Spectroscopy

User Information

Name of the User :
Phone :
E-mail ID :

Date :
Address:

User Category : Internal / External

Sample Name / code :

S. No.	Sample details	ATR mode required (YES/NO)	Remarks
1			
2			
3			
4			
5			

Payment Details (Refer Payment details)

1. Challan through Canara Bank at Gandhigram Rural Institute Branch
(Original office copy of the challan must be submitted)

2. Demand Draft:

S. No.	Student/Research scholar/user name	DD Number and date	Bank details	Number of samples	Amount

3. The receipt to be in the name of

Signature of the
Supervisor/Head
Seal:

The Head
Department of Chemistry
GRI

Signature of the user

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FOR OFFICE USE ONLY

Serial No. of sample : _____ sample received on : _____ File : _____ spectrum sent on : _____