Sant Dnyaneshawar Shikshan Sanstha’s Annasaheb Dange College of B. Pharmacy, Ashta

Requisition form for Consultancy of Instrumental services for Analysis

For Office Use only Receipt No.:

Research Student/Party Name: Institute & University Name: Research Guide Name : Department Address Email id: Mob. No **To**

# Principal

I request you to provide following services as per details given below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Type of analysis** | **No. Of****samples** | **Rate of analysis** | **Total cost of analysis** | **Remark of CENTRAL INSTRUMENT INCHARGE****of ADCBP, Ashta with****signature** |
|  |  |  |  |  |  |

**Title of research:** I/we agree to pay the charges for this work, please give me/us bill in the name of

# Date: Signature of applicant/student

**Place**

Analyst name with sign: Principal:

(ADCBP, Ashta) (ADCBP, Ashta)