

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:**

**Place**

**Signature of applicant/student**

Analyst name with sign:  
(ADCBP, Ashta)

Principal:  
(ADCBP, Ashta)