

Dr. Rajendra Gode College of Pharmacy, Malkapur

Requisition Form for GC Analysis

1.	Name of the User (Mr. / Ms. / Dr.) Designation & Dept./Division	
2.	Institution / Industry Name and Address	
3.	Email ID	
4.	Phone No. / Mobile No.	
5.	Purpose	UG/PG/M.Phil Project Work / Ph.D Work / Research Others(Please mention):
6.	Nature of Sample	
7.	Number of Samples	
8.		
9.		
10.		
11.	Requirement from Analysis	
12.	Remarks / Special analysis request, if any	

Note: - The complete payment to be done in advance at the time of sample submission.

Signature of the User
Date:

Signature of the
Guide
Seal

Signature of the HoD /
Principal
Seal