Dr. Rajendra Gode College of Pharmacy, Malkapur

Requisition Form for IR 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**	**Solid**
7.	**Number of Samples**	
8.	**IR Region**	
9.	**Mode Required**	Absorbance / Transmittance
10.	**Sample Quantity Required**	100 mg

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