



Bharati Vidyapeeth College of Pharmacy

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For Office Use Only
Request No.:
Receipt no.:

Requisition Form for Instrumental Services

Research Student/Party Name: _____

University/Institute/Company: _____

Research Mentor/Guide : _____ Department: _____

Address: _____

Mobile: _____ Fax: _____ Email: _____

To
Principal

I/we request you to provide instrumental services as per details given below:

| Sr. No. | Type of Analysis/Method Instruments to be used | Sample Specifications* Solid/Liquid | No of Samples |
|---------|---|--|------------------|
| | | | |

*Note: in order to expedite your work, please provide the information about any specific sample preparation, chemicals to be used, range of instruments to be used, any literature or your past analytical experience. We will appreciate your cooperation in this matter.

Purpose of work (if desirable): _____

Title of Research Project (if desirable): _____

I/We agree to pay the charges for this work. Please send me/us a bill for the same in the name of _____

Date: _____ Student/Applicant

Place: _____

Mentor / Guide (Institute seal)

Head of Dept / Institute
(Forwarded through)

Analysed By: _____

Date: _____

Approved By: _____

Date: _____