## Draft to be addressed in the name of Principal, DAV College, Sec-10, Chandigarh

## DAV INSTRUMENTATION LABORATORY

DAV College Campus, Sec-10, Chandigarh

## **Requisition Form UV-Vis. Spectrometer**

<u></u>	13.0.011.1.01111.0.1	peeti oilietei
Website: www.davcil.in		Email: info@davcil.in,
		davdstfist2019@gmail.com
		Ph. 0172-2743980, 2741708
		Lab Contact: +91-98723-13583
	<u>User Information</u>	
User type: College campus/	other educational institutions	s/ R&D Labs/ Industries (Pleases tick as
applicable)		,
Name:		
Designation:		
Supervisor Name:		
Research Area:		
Department/Institution/Co	llege/ Company:	
Billing Name & Address:	nege, company.	
Simily Italiie & Address.		
	Pin:	State
Phone/Mob. No.:		
Email Address:		
	Sample Detail	•
	Sample Details	<u> </u>
No. of Samples :		
Sample ID :		
Solvent in which fairly solul	ole:	
Wavelength range :		
Absorbance range :		
Sample information:		
Amount Paid:	Draft No	Dated
Re	commendation from Head o	f department
The above sample may be a	ccepted on the behalf of depa	artment
Signature of User	Signature of Supervisor	Head of department (With stamp)