## 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 Electrochemical Workstation

Website: www.davcil.in	Email: <u>info@davcil.in</u> , <u>d</u>	lavdstfist2019@gmail.com
Ph. 0172-2743980, 2741708		
Lab Contact: +91-98723-13583		
	<b>User Information</b>	
User type: College campus/other	educational institutions/ R&D	D Labs/ Industries (Pleases tick as
applicable)		
Name:		
Designation:		
Supervisor Name:		
Research Area:		
Department/Institution/College	/ Company:	
Billing Name & Address:		
Pin	:	State
Phone/Mob. No.:		
Email Address:		
	Sample Details	
No. of Samples/hours:		
Sample ID:		
Solvent:		
Type of electrode need to use: P	t-electrode/Glassy Carbon ele	ectrode
Sample toxicity:		
Amount Paid:	Draft No	Dated
Recom	mendation from Head of department	<u>artment</u>
The above sample may be accept	ed on the behalf of departme	nt
. , , ,	·	

Signature of Supervisor Head of department (With stamp)

Signature of User