

DAV INSTRUMENTATION LABORATORY

DAV College Campus, Sec-10, Chandigarh

(Instrument Requisition Form)

Website: www.davchd.ac.in

Email: mail@davchd.ac.in

Ph. 0172-2754400

Lab Contact: +91-98723-13583

User Information

User type: College campus/other educational institutions/ R&D Labs/ Industries (Please tick as applicable)

Sampling Instrument:

Name:

Designation:

Supervisor Name:

Research Area:

Billing Name & Address:

Pin:

State:

Email Address:

Phone/Mob. No.:

Sample Details

No. of Samples :

Sample ID :

Solvent :

Sample state : Solid/ Oil/ Liquid/ thin film (Please tick as applicable)

Amount Paid:

Payment Mode: Cash/Draft

Draft No.

Dated

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

Recommendation from Head of department

The above sample may be accepted on the behalf of the department.....

Signature of User

Signature of Supervisor

Head of Department

(With Stamp)