CENTRAL UNIVERSITY OF JAMMU

CENTRAL INSTRUMENTATION FACILITY

Rahya Suchani Bagla Samba-181143, J&K, India

REQUISITION FORM FOR GAS CHROMATOGRAPHY

Email: head.cif@cujammu.ac.in ; office.cif@cujammu.ac.in

(Payment should be credit in: Central Instrumentation Facility, CUJ A/c No. 0902040520000032 IFSC:JAKA0RAHYAA)

User Information

User Type (Please tick as applicable)	**:**	**Central University of Jammu** ☐ **other Educational Institutions** ☐ **R&D Labs** ☐ **Industries** ☐
Name:	**:**	
Designation:	**:**	
Supervisor Name	**:**	
Research Area	**:**	
Department & University / Institution/College	**:**	
Billing Name & Address	**:**	
Phone/ Mobile Number	**:**	
E-mail Address	**:**	

DESCRIPTION OF TEST REQUIRED

( ) CHROMATOGRAM ( ) PERCENT REPORT ( ) LIBRARY SEARCH REPORT ( ) MASS SPECTRUM ( ) OTHER :

PARAMETER: 1) COLUMN 2) SPLIT RATIO

3) INLET TEMP 4) OVEN TEMP

Additional Information : Dilute: ( ) Harmless ( ) Toxic ( ) Combustible ( ) Irritating

Payment Details

Amount paid:.....Draft No//Transaction ID .....Dated:.....

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of user Supervisor's Signature Signature of Head of Department With official Seal

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For office use only

Payment received vides receipt no. .....DD/cash.....Dated.....……..Amount: .....

Job No. / Ref No. _____