



MOTHER TERESA WOMEN'S UNIVERSITY

KODAIKANAL

DEPARTMENT OF BIOTECHNOLOGY

REQUISITION FORM - HPLC/GCMS ANALYSIS

NAME:

DESIGNATION:

DEPARTMENT:

INSTITUTION:

ADDRESS:

PHONE NUMBER:

EMAIL:

DETAILS OF THE SAMPLE:

S.NO	SAMPLE	MEASUREMENT REQUIRED		STANDARD
		HPLC	GCMS	

I HEREBY CERTIFY THAT THE USER IS A BONA FIDE RESEARCH STUDENT OF OUR INSTITUTION

HEAD OF THE DEPARTMENT

NOTE:

1. DATA WILL BE SUPPLIED IN A CD PROVIDED BY THE USER (NEW CD).
2. THE USER MAY ACKNOWLEDGE THE DST FIST FACILITY IN THEIR PUBLICATIONS
3. CHARGES FOR HPLC IS 800 Rs AND GCMS 2500 Rs
4. ALL THE DD'S IN THE FAVOUR OF "THE REGISTRAR, MOTHER TERESA WOMEN'S UNIV ERSITY, KODAIKANAL.