



**GIRIJANANDA CHOWDHURY INSTITUTE OF PHARMACEUTICAL SCIENCE**

Hathkhowapara, Azara, Guwahati -17

**Analytical Instrument Facility (A.I.F)**

**REQUISITION FORM FOR EXTERNAL APPLICANTS**

**(Separate form to be filled in by user for different instrumentation service)**

Date:

Name of Applicant.....

Department.....

Name of Institution.....

Complete address.....

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Phone..... Fax.....

Email id.....

Name of service required.....

No. of samples with codes if any.....

Information for measurement (please check note against each instrument) .....

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Special Instruction if any .....

Name of forwarding authority:

Designation:

Signature:

Signature of Applicant:

Date & Place: