

Serial No.:

**CENTRAL ANALATICAL INSTRUMENTATION FACILITY  
GUWAHATI BIOTECH PARK INCUBATION CENTRE**  
Technology Complex: IIT Guwahati, Guwahati 781039

**REQUISITION FORM**

(Separate forms to be filled for different instrument services)

Name of User:

Department:

Name & Address of Institute / Organization:

Phone:

Fax:

Email:

Sample ID:

Nature of the service required:

Solvent:

**Properties of the Sample:**

Source:

Solubility:

Stability:

Purity:

MW:

Structure (if necessary):

Polarity:

Radio –activity:

Toxicity / Hazardous:

Special instruction if any:

Signature of user

Designation:

Signature of the forwarding authority:

Name:

Designation:

**For CAIF Office Use Only**

Requisition received by:

Sample No.:

Charges (Cash / Demand Draft):

**F / A Section, GBP**

Date & Time of receipt of Charge:

Job done on:

Name & Signature of operator

Incharge CAIF, GBPIC

User's signature with date on receipt of data: