

(Draft/ Cheque to be made in the name of H. K. College of Pharmacy- Research Account)

MAHARASHTRA EDUCATIONAL SOCIETY'S

H. K. COLLEGE OF PHARMACY

OSIWARA, JOGESHWARI (W)- 400102

Requisition form for FT-IR Spectrometer **(JASCO FT/IR-4100)**

User Type: Educational institute other than HKCP/ Industry (Please tick as applicable)

Name:

Designation:

Supervisor Name:

Name of University/ Institute/ Industry:

Billing Name:

Phone/ Mobile Number:

Email Address:

Sample details (Extra sheet can be attached if required)

No. of Samples:

Sample Code:

Sample requirement: 5-10 mg in the form of fine powder.

Payment details

Mode of Payment: Cash/ Cheque/ DD (Please tick as applicable)

(Draft/ cheque to be made in the name of H. K. College of Pharmacy- Research Account)

Signature of the User

Supervisor's Signature

Signature of Head of the Department
With official Seal

For Office Use Only

Payment received vides receipt no. _____ DD/ Cash _____ Dated _____ Amount _____

Note: It is expected from user of HKCP's FTIR facility to acknowledge the facility in their research work and communicate the same to HKCP.