

DEPARTMENT OF PHARMACEUTICAL ANALYSIS
J.S.S COLLEGE OF PHARMACY, OOTACAMUND
REQUISITION FORM FOR AAS ANALYSIS

DATE:

1. NAME OF THE APPLICANT :
2. CATEGORY OF THE APPLICANT : STAFF / STUDENT / OTHERS (B.Pharm / M.Pharm / Ph.D)
3. NAME OF THE DEPARTMENT :
4. NAME OF THE SAMPLE :
5. TYPE OF ANALYSIS : AAS
6. DIGESTION PROCEDURE : WETDIGESTION/ DRY ASHING/ MICROWAVE
6. NUMBER OF SAMPLES :
7. METALS TO BE ANALYSED :
9. PURPOSE OF ANALYSIS : CLASS WORK / PROJECT WORK / OTHERS
11. OTHER DETAILS IF ANY :

DATE:

1. Signature of the Applicant:

FORWARDED BY GUIDE

2. Signature of the Analyst :

HEAD OF THE DEPARTMENT

3. Signature of the Head of the Department:

RECEIVED THE ANALYSIS REPORT

*** Note: Spectras are for college project / research only**

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