

DEPARTMENT OF PHARMACEUTICAL ANALYSIS  
J.S.S COLLEGE OF PHARMACY, OOTACAMUND  
REQUISITION FORM FOR OBTAINING SPECTRA DATA

Form No: JSSCP/ OT/            / 20    – 20

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 SPECTRA REQUIRED : LCMS
6. NUMBER OF SAMPLES :
7. TYPE OF ANALYSIS : QUALITATIVE / QUANTITATIVE
7. DETAILS REQUIRED :
  - a. Solubility :
  - b. Structure (Draw it on the on the reverse side):
  - c. Expected Molecular Weight :
8. PURPOSE OF TAKING SPECTRA : CLASS WORK / PROJECT WORK / OTHERS
9. TITLE OF THE PROJECT :
10. OTHER DETAILS IF ANY :

1. Signature of the Applicant:

FORWARDED BY GUIDE

2. Signature of the Analyst (Mr. B. Babu):

3. Signature of the Head of the Department:

HEAD OF THE DEPARTMENT

RECEIVED THE SPECTRA

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