

SL.NO.

BOSE INSTITUTE

CENTRAL INSTRUMENT FACILITY

National Facility for Genomics & Proteomics (IRHPA - DST)

Request for contract HPLC

Name of the User:.....

Department/Institute/Lab:.....

Mailing address/ Contact No:.....

Referred by (Guide/In Charge):.....

Details of sample submitted:

Nature of Sample:

No. of Sample..... Buffer.....

Column: Mobile Phase:

Run Time:..... Flow Rate:.....

Wave Length:.....

Signature of User..... Signature of Guide:

Booking Date:..... Time:.....to.....

Final Permission of Scientist in Charge (CIF):.....

Charge per Sample:.....

Remarks by Analyst (Technician in Charge):

.....Signature.....