

CENTRAL INSTRUMENTATION LABORATORY

PANJAB UNIVERSITY, CHANDIGARH-160014

REQUISITION FORM FOR Gas Chromatography Mass

Spectrometry (GCMS)

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0172-2534047(Office)

(Payment should be credit in: Director CIL, A/c No. 10444977486,IFSC: SBIN0000742)

User Information

User Type: PU Campus & its Regional Centers/Other Educational Institutions / R&D Labs / Industries (Please tick as applicable)

Name:

Designation:

Supervisor Name:

Research Area:

Department & University/

Institution/College: Billing Name & Address:

Pin

State

Phone/ Mobile

Number: E-mail

Address:

GST No (*optional):

Sample Details

No. of Samples* :

Sample ID* :

Nature of Study : MS only / GC-MS / MS-MS

Molecular Weight* :

Melting/Boiling point °C:

Mass range to be measured:

Solvents: MeOH, Acetone, Ethyl acetate, Dichloromethane, hexane, other

Method used for purification:

Sample insertion method: DIP / Liquid sample /Headspace

Column required :

Detectors required : ECD / FID / MS

Molecular Formula :

Concentration : Low/ Medium/ High

Sample requirement: 5-10 mg in solid or liquid form

Amount paid:.....UTR / NEFT No.....Dated:.....

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of user

Supervisor's Signature

Signature of Head of Department
With official Seal

For office use only

Payment received vides receipt no.cash.....Dated.....Amount:

Job No. / Ref No. _____

IMPORTANT: - As per the recent decision of FMC committee it is mandatory for user of SAIF facility to acknowledge the facility in their research work and communicate the same to SAIF Chandigarh for onward communication to DST, New Delhi. This condition is necessary for availing 80% discount for educational Institutes.