VELS

INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS)
(Deemed to be University Estd. u/s 3 of the UGC Act, 1956)
PALLAVARAM, THALAMBUR, PERIYAPALAYAM-CHENNAI
ACCREDITED BY NAAC WITH 'A++' GRADE

CENTRAL INSTRUMENTATION LABORATORY (CIL) FACILITY
ANALYSIS REQUEST FORM

Analysis : **High Performance Thin Layer Chromatography (HPTLC)**

Billing Name of the User : **Dr/Mr/Ms.**
(INTERNAL / EXTERNAL (ACADAMIC/INDUSTRIES)

Designation :

Department / Centre :

College/ Institution/ University/Industry :

Mobile number :

Email Id :

Number of sample(s) : Sample ID :

Name of sample(s) :

Analysis : **Qualitative** ☐ **Quantitative** ☐

Mobile Phase :

Derivatizing Reagents :

Name & Address of the Guide/Head :

Signature of the User :

Signature of the Guide/Head with Seal :

Mode of payment : **CASH / DD** **(Rs……..... /-)**

Receipt / DD No, Date, Bank & Branch :

FOR OFFICE USE

Job Number: **Analysis Date:** **Report:** Complete//Incomplete//Repeat

Dean signature with date :

Operator' signature with date :

Note:
DD should be drawn in favor of **"VISTAS, CHENNAI"** payable at Chennai.
Data will be supplied only in the rewritable compact disc (RW-DVD).

For further details, contact at: **E mail:** technicalofficer.cilab@vistas.ac.in
Mobile: **+91 9962506284**

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