

RF No:

Date...../...../.....

Arya Vaidya Sala Kottakkal
Centre for Medicinal Plants Research
Advanced Instrumentation Facility (CMPR-AIF)

Requisition Form

Name:.....Contact number.....

Institution/ Laboratory:.....e-mail:.....

Sample name/ sample code:.....

Analysis required: (Tick the appropriate box)

1. HPLC

a. Analytical HPLC

b. Prep-HPLC

2. Gas Chromatography

a. GC FID

b. GC/MS

3. HPTLC

4. LC/MS

MS/MS

5. Scanning Electron Microscope (SEM)

6. RAPD

7. ISSR

8. DNA Bar-coding

(matK/ rbcL/ITS1/ITS2/trnH-psbA)

9. Other, Specify.....

Sample Details:

Soluble in (in case of phytochemical analysis).....

For office use

AIF Code:RF No:

Amount paid:.....Mode of Payment: Cash/DD/NEFT....Bank.....

Payment details (DD #/Receipt #/Transfer code)..... dated.....

(Scientist in charge)

(Project Director)