

For office use only

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:.....

Billing address:

.....

.....PIN:.....State:.....

GSTIN (in case of institute)*:.....

Sample name/ sample code:.....

Analysis: (Tick the appropriate box)

1. HPLC

8. Taxonomy Authentication

2. Gas Chromatography

9. Microscopy Authentication

a. GC FID

10. Histochemical Analysis

b. GC MS

11. Powder Microscopy

3. HPTLC

12. RAPD

4. LC MS

13. ISSR

MS/MS

14. DNA barcoding

15. Tissue Culture Protocol

5. FTIR

6. UV spectrum

7. Scanning Electron Microscope (SEM)

Sample Details:Method development required: Yes /No /NA

Soluble in (for Phytochemical analysis).....

** In case of registered GST firm, billing address should be matched with GST number*

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AIF Code:RF No:.....Category:.....

Amount paid:.....Mode of Payment:.....Bank.....

Payment details (Transaction ID/ DD No.)date/...../.....

(Scientist in charge)

(Project Director)