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**Sophisticated Analytical Laboratory**

Ramanbhai Patel College of Pharmacy

Charotar University of Science and Technology(CHARUSAT), Changa

**Application for utilization of instrument facility**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Indenter: | | |  | | |
| Designation: | | |  | | |
| Name of Project Supervisor/Head of Institution: | | |  | | |
| Name of Department: | | |  | | |
| Name of Institute: | | |  | | |
| Address: | | |  | | |
|
| E-mail: |  | Phone: |  | FAX: |  |

**Name of the Instrument to be used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SAMPLE DESCRIPTION :-**

**Composition of sample:**

Organic Inorganic Polymer Biological

Phytochemical Reaction Mixture Isolated Compd. Bacterial extract

**Total No. of sample to be analyzed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of User** **Signature of Research Supervisor Signature of Head of Department**

**Recommendation from Head of the Institute**

The above samples may be accepted on the behalf of our Institution. We agree to give you charges for our analytical work. Please send us a bill for the same in the name of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures of Head of Department With official Seal

**Remarks by Principal-Ramanbhai Patel College of Pharmacy**

**Signature of RPCP-SAL co-ordinator Signature of Instrument In-charge**