



Center of Excellence

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REQUISITION SLIP FOR ANALYSIS

Customer Particulars:

Name with full Address:	Ref No: DT:
	Contact Person:
	Contact Number:
	Email:

Sample Details:

Name of Instrument:

Sr. No.	Sample Code	Solubility	Molecular Formula	Molecular Weight	Analysis	Remarks

Other Information:

.....

Generated Invoice No: _____ Date of Invoice: _____ Receivers' Sign _____
Amount in Rs: _____ Cheque/Draft No: _____

DECLARATION

I hereby declare that the above sample(s) is/are submitted with my knowledge on behalf of my Institute/Organization/Company.

Date:

Signature with Stamp

Bank Details of CENTER OF EXCELLENCE

Bank Name: CENTRAL BANK OF INDIA
Account Holder: CENTER OF EXCELLENCE
Account Number: 3342308651
IFSC Code: CBIN0281313