



**CENTRAL UNIVERSITY OF JAMMU**  
**CENTRAL INSTRUMENTATION FACILITY**  
 Rahya Suchani Bagla Samba-181143, J&K, India

**REQUISITION FORM FOR GCMS (GAS CHROMATOGRAPHY MASS SPECTROSCOPY)**

Email: head.cif@cuammu.ac.in ; office.cif@cuammu.ac.in

**(Payment should be credit in: Central Instrumentation Facility, CUJ A/c No. 0902040520000032 IFSC:JAKA0RAHYAA)**

**User Information**

<b>User Type (Please tick as applicable)</b>	:	Central University of Jammu <input type="checkbox"/> other Educational Institutions <input type="checkbox"/> R&D Labs <input type="checkbox"/> Industries <input type="checkbox"/>
<b>Name:</b>	:	
<b>Designation:</b>	:	
<b>Supervisor Name</b>	:	
<b>Research Area</b>	:	
<b>Department &amp; University / Institution/College</b>	:	
<b>Billing Name &amp; Address</b>	:	
<b>Phone/ Mobile Number</b>	:	
<b>E-mail Address</b>	:	

**Sample Details**

Analysis Required : a) Quantitative Analysis [ ] b) Qualitative Analysis [ ]

SAMPLE TYPE : a) NCE/drugs [ ] b) Organic comp. [ ] c) others [ ]

Sample ID:

Other details : a) Conc.: [ ] b) Molecular weight: [ ] c) Solubility: [ ]. d) Boiling Point: [ ]  
 e) Source of the sample:

**Sample Type:** Powder/ Thin film/ liquid \_\_\_\_\_

**Payment Details**

Amount paid:.....Draft No//Transaction ID .....Dated:.....

**Recommendation from Head of Department**

The above samples may be accepted on the behalf of our department/ Institution

Signature of user

Supervisor's Signature

Signature of Head of Department  
 With official Seal

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**For office use only**

Payment received vides receipt no. ....DD/cash.....Dated.....Amount: .....

Job No. / Ref No. \_\_\_\_\_