DEPARTMENT OF PHARMACEUTICAL ANALYSIS J.S.S COLLEGE OF PHARMACY, OOTACAMUND REQUISITION FORM FOR OBTAINING SPECTRA DATA

Form No: JSSCP/ OT/ / 20 – 20	DATE:
1. NAME OF THE APPLICANT 2. CATEGORY OF THE APPLICANT 3. NAME OF THE DEPARTMENT 4. NAME OF THE SAMPLE 5. TYPE OF SPECTRA REQUIRED	: STAFF / STUDENT / OTHERS (B.Pharm / M.Pharm / Ph.D) : : : : HPLC
6. NUMBER OF SAMPLES	:
7. TYPE OF ANALYSIS 7. DETAILS REQUIRED a. Solubility	: QUALITATIVE / QUANTITATIVE : :
 b. Structure (Draw it on the on the reve c. Expected Molecular Weight 	rse side): :
8. PURPOSE OF TAKING SPECTRA 9. TITLE OF THE PROJECT 10. OTHER DETAILS IF ANY	CLASS WORK / PROJECT WORK / OTHERS
	1. Signature of the Applicant:
FORWARDED BY GUIDE	2. Signature of the Analyst (Mr. B. Babu):
	3. Signature of the Head of the Department:
HEAD OF THE DEPARTMENT	
RECEIVED THE SPECTRA 	
DEPARTMEN	T OF PHARMACEUTICAL ANALYSIS
J.S.S COLLE	GE OF PHARMACY, OOTACAMUND
J.S.S COLLE REQUISITION F	<u>GE OF PHARMACY, OOTACAMUND</u> ORM FOR OBTAINING SPECTRA DATA
J.S.S COLLEREQUISITION FForm No: JSSCP/ OT// 20- 20	GE OF PHARMACY, OOTACAMUND
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