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 : STAFF / STUDENT / OTHERS (B.Pharm / M.Pharm / Ph.D)

3. NAME OF THE DEPARTMENT

4. NAME OF THE SAMPLE

5. TYPE OF SPECTRA REQUIRED : LC - MS/MS

6. NUMBER OF SAMPLES

7. TYPE OF ANALYSIS : QUALITATIVE / QUANTITATIVE

8. DETAILS REQUIRED

a. Solubility

b. Structure (Draw it on the on the reverse side):

c. Expected Molecular Weight

8. PURPOSE OF TAKING SPECTRA : CLASS WORK / PROJECT WORK / OTHERS

9. TITLE OF THE PROJECT 10. OTHER DETAILS IF ANY

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

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