

REQUISITION FORM
NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
-CENTRAL INSTRUMENTATION FACILITY-
(CHROMATOGRAPHY DIVISION)

U S E R	DATE OF INDENT..... INDENT NO.....
	NAME OF INDENTOR:
	CONTACT NO:
D A T A	LAB NO. /DEPARTMENT:
	DESIGNATION: FACULTY <input type="checkbox"/> STUDENT <input type="checkbox"/> PROJECT STAFF <input type="checkbox"/> (Please ✓ in Box)
	SCIENTIST CONCERNED:

S A M P L E	INSTRUMENT TO BE USED: (Please ✓ in Box) HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC) <input type="checkbox"/> FAST PERFORMANCE LIQUID CHROMATOGRAPHY (FPLC) <input type="checkbox"/> GAS CHROMATOGRAPHY <input type="checkbox"/> NUMBER OF SAMPLES <input style="width: 50px;" type="text"/> SPECIFICATION/PROTOCOL: (Please ✓ in Box)
D A T A	DETECTOR: PDA <input type="checkbox"/> RID <input type="checkbox"/> UV-Vis <input type="checkbox"/> PROTOCOL ATTACHED IF ANY <input type="checkbox"/>

A U T H O R I Z A T I O N	(INDENTOR SIGNATURE)	(FACULTY SIGNATURE)
	(TECHNICAL STAFF)	(CIF IN-CHARGE)

FOR CIF USE ONLY

	TENTATIVE DATE/APPOINTMENT:
	DATE OF WORK DONE:
	INDENT NO. NO.OF SAMPLES DONE: (TECHNICAL STAFF)

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