

Bundelkhand University Innovation Centre User Form

1. Name of the User:
2. Laboratory, if applicable
3. Department/Institute:
4. University:
5. Contact detail of User
Mob. _____ E-Mail: _____
6. Equipment Use details
 - a) No. of samples:
 - b) State/Nature: Solid/Liquid/Volatile
 - c) Solubility:
 - d) Structural information, if available
 - e) Toxicity: Yes/No, give detail if yes.....
 - f) Radioactive: Yes/No, give detail, if yes
 - g) For GC-MS pl. provide following additional information

Melting Point

Boiling Point

Carrier Gas

Column

7. I/We hereby declare that information given above is correct. We shall acknowledge Innovation Centre, Bundelkhand University, Jhansi, India in any type publication of this data.

Name & Signature of the User

Name & signature of the Supervisor

Date

Date:

.....For the Use of Innovation Centre Only.....

Requisition no.....Sample Received Date.....Received by.....

Sample analyzed date.....Sign of the staff who performed analysis.....

Coordinator, Innovation Centre

✂.....✂

Sample Receipt

Received..... no. of samples from Dr.Dept.....

For analysis on.....

Received by