

University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date _____

Requisition form for using the facility of CDS (JASCO) Spectrophotometer

1. Name of the Scholar _____
2. Name of the Supervisor _____
3. Number of Samples _____

For USIC office Use only

Application No. _____ Date _____ of
submission _____

Booking Schedule Date _____ Time _____

Signature of Student /	_____	Signature	_____
Scholar		of the Supervisor	
Course	_____	Department	
Contact Number	_____	(with Seal)	_____

Signature _____

Director, USIC