

Sl. No. with Date.....  
Operator.....

ALL COLUMNS ARE MANDATORY

School of Chemical Sciences  
Mahatma Gandhi University  
Kottayam

| i) Name of Instrument                                                                                                                                         |             |                                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------|--------------------|
| ii) Name of the student                                                                                                                                       |             |                                 |                    |
| iii) Name and address of Research guide/Supervisor:                                                                                                           |             |                                 | Phone:             |
|                                                                                                                                                               |             |                                 | Email:             |
| iv) Sl. No. of samples                                                                                                                                        | Sample Code | Structural formula with M.P/B.P | Quantity of sample |
|                                                                                                                                                               |             |                                 |                    |
| v) Bill to (full address):                                                                                                                                    |             |                                 |                    |
| vi) Title of the Research work/Project:                                                                                                                       |             |                                 |                    |
| vii) Last Publication of the Supervisor (Journal Name, Vol., Issue, Page no. Year):                                                                           |             |                                 |                    |
| viii) Signature of the Research guide/Supervisor (with seal):                                                                                                 |             |                                 |                    |
| ix) Bill amount + pending amount (if any):                                                                                                                    |             |                                 |                    |
| x) Designation & Signature of the person responsible for settling the amount under (vii) (under taking with office seal): (Director/Head of the Institution): |             |                                 |                    |