

## INTERNATIONAL RESEARCH CENTRE – DST SEED RESEARCH LAB REQUISITION FORM FOR THERMO GRAVIMETRIC ANALYSER (TGA)

Name of Applicant (Dr. /Mr. / Ms.)	:
Designation	:
Department	:
Name of the Institution and Address	:
Email ID	:
Mobile number / Phone number	:
Purpose	: (UG/PG/Project work/Ph.D.work/Research)
Number of samples	:
<b>Details of the samples</b>	:
Temperature Range (Room Temp. to 1000 DD/Receipt details and date	:
Certified that the above request is for acad accordingly.	lemic purpose and the charges may kindly be collected
Signature of the Applicant	Signature of the Research Supervisor / Head of the Department/
	Principal with office seal
Date:	
	with demand draft for Rs.500/- drawn in favour of University" payable at Rajapalayam. The recorded

Contact: Dr.M.Murali/Lab In charge (Mail Id: m.murali@klu.ac.in)

data will be sent through email.