



# ANAND PHARMACY COLLEGE

(Managed by Shri Ramkrishna Seva Mandal)

Opp. Town Hall, Anand – 388001

Contact: 02692-250020, 250024

E-mail: [principal@apc.ac.in](mailto:principal@apc.ac.in) Web site: [www.apc.ac.in](http://www.apc.ac.in)

Dedication towards Pharmacy Education.....

For office use only: REF NO: APC/

## REQUISITION FORM FOR SAMPLE ANALYSIS

Select your Category (✓) & strike out the remaining.

<input type="checkbox"/>	GTU STUDENT	<input type="checkbox"/>	OTHER THAN GTU STUDENT	<input type="checkbox"/>	INDUSTRY
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Name & Address of the Applicant:

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Contact No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

The details of the analysis required are as under:

Sr. No.	Type of the Analysis	Number of Samples	Name / Code of samples	Specific Condition if any (i.e. temp range, solvent etc.) for analysis
1				
2				
3				

\*attach separate sheet of above details if required.

All possible care will be taken in handling the sample. We will not be responsible for any damage during transit or handling.

If analysis cannot be carried out on any sample, the same will be returned to the customer.

I will pay the necessary analysis charge in advance or at the time of submission of the samples. Further, I also undertake to settle any liability arising out of this analysis work.

I understand that payment once made is not refundable but can be adjusted against future analysis if any, during the current financial year only and the sample left out after analysis will be destroyed routinely in the lab itself.

I/ We agree to the above terms and conditions.

Name & Signature of Applicant:

Seal & Signature of Competent authority

Designation:

**For Office use only:**

Date of Analysis:

Date of Delivery:

Date of Payment:

Total Amount:

Delivery by: Person/ Post/ Courier

Sign of Coordinator