

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory

Service Request Form

**DVS**

		Form No	
Name		Date	
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

S. No.	Sample Code	Analysis			Drying		Initial Humidity (%)	Final Humidity (%)	Rate of Humidity Change
		Sorption	Humidity Ramp	Sorption/ Desorption	Temp °C	Time Min.			
1									
2									
3									
4									
5									

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Sample quantity required is 10 mg

Nature of Sample/ Any special storage condition required	Lachrymatory, Explosive, other
Any Additional Information	Any Solvent Used

\_\_\_\_\_  
Signature of Authorized Person

**For Office Use (Internal / Outside Samples)**

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

**For Outside Sample(s)**

Date	Receipt / Invoice No.	Amount (₹)