



**SHOBHABEN PRATAPBHAI PATEL SCHOOL OF PHARMACY
& TECHNOLOGY MANAGEMENT
MUMBAI**

**Service Request Form: UV Visible Spectrophotometer
(Shimadzu/ Thermofischer Scientific/ Perkin Elmer)**

Name of Requisitioner :		Date:	
Department			
Institute/ Industry			
Complete Address			
E- Mail ID		Mobile No.	
Sr. No.	Sample Name/Code	Scanning Range	Fixed wavelength
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Any additional information like handling precautions if any			

❖ Please enclosed copy of ID card & payment receipt.

Signature of Requisitioner

Approved by

Signature of Guide/Authorised Person

Dean
SPPSPTM

Seal/ Stamp: