

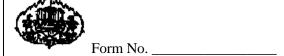
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Requisition Form for ELISA Plate Reader

1.	Person Details	:			
	Name of Researcher:				
	Institute /Address	3:			
		Email:			
2	Sample Details	s:			
	Number of Samp	les:			
	Type of Sample:				
3	Instrument De	tails:			
a	Plate/ Cuvette:				
b	Analysis Type:	End point/ Kinetics/ Well Scan (Tie	ck mark please)		
c	Absorbance:	Fluorescence/ Absorbance/ Lumines Polarization (Tick mark please)	cence/ Time resolved/ Fluorescence		
d	Weave Length:				
Nar	me of Researcher:		Name of Guide:		
Sign of researcher:			Sign of Guide		
Sign of Faculty In-Charge:		arge:	Sign of Director, IBB		
Not					
		he completely filled form to Lab In-Char e allotted according to the availability.	ge, Central Instrumentation Lab, IBB.		
		D get the acquired data.			
	Slot allocated	(Date & Time) ·			

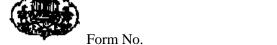


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Requisition Form for Rota vapor

1.	Person Details:	
	Name of Researcher:	
	Institute /Address:	
	Contact:	
	Phone: En	mail:
2	Sample Details:	
	Number of Samples:	
	Type of Sample:	
3	Instrument Details:	
a	Water/ Oil bath:	
b	Name & Boiling pointof used solvent:	
c	Temperature:	
d	RPM & Time required:	
Nan	ne of Researcher:	Name of Guide:
Sign	n of researcher:	Sign of Guide
C		
Sign	n of Faculty In-Charge:	Sign of Director, IBB
Not	e:	
		rm to Lab In-Charge, Central Instrumentation Lab, IBB.
	• The slots will be allotted according to	•
	Kindly bring CD get the acquired data	1.
	Slot allocated (Date & Time) :	
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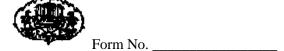
Requisition Form for Gas Chromatography

This form is to be filled in by Researcher and submitted along with sample.

1.	Person Details:	
	Name of Researcher:	
	Institute /Address:	
	Contact:	
	Phone: Em	nail:
2	Sample Details:	
	Number of Samples:	
	Type of Sample:	
3	Instrument Details:	
a. b.	Name of Column: (please tick the required) Name of Detector, ECD/FID:	CBPL-525/ RTX 5/ Stabilwax/ RTX-Biodiesel TG/ StabilWaxDA/ RT2560/ Chirodox-GTA/ LipodexA
c.	Injection mode, split/splitless/direct:	
d.	Temperature of Oven:	
e.	Total Flow, ml/min:	
f.	Column oven temperature program	
	Column Flow, ml/min:	
	Temperature:	
	Hold Time:	
g.	Remarks, if any:	
Naı	me of Researcher:	Name of Guide:
Sig	n of researcher:	Sign of Guide
Sig	n of Faculty In-Charge:	Sign of Director, IBB

Note:

- Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
- The slots will be allotted according to the availability.
- Kindly bring CD get the acquired data.

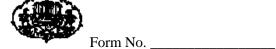


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Requisition Form for Ultra- Centrifuge

1.	Person Details:		
	Name of Researcher:		
	Institute /Address:		
	Contact:		
		Email:	
2	Sample Details:		
	Number of Samples:		
	Type of Sample:		
3	Instrument Details:		
a.	Rotor Type:	100Ti/ SW55Ti/ and 70Ti	
b.	RPM:		
c.	Temperature, ⁰ C:		
d.	Run Length, (hh: mm):		
e.	Remarks, if any:		
Nar	ne of Researcher:		Name of Guide:
Sig	n of researcher:		Sign of Guide
Sign	n of Faculty In-Charge:		Sign of Director, IBB
Not	e:		
	•		ge, Central Instrumentation Lab, IBB.
	The slots will be allottedKindly bring CD get the	according to the availability.	
	- Kindry offing CD get the	acquired data.	
	Slot allocated (Date &	Time):	





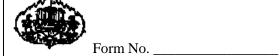
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Requisition Form for High Performance Liquid Chromatography

	_	-				
1.	Person Details:					
	Name of Researche	Name of Researcher/student:				
	Institute /Address:					
		Email:				
		and signature				
2	Sample Details:					
	Number of Sample	:				
	Type of Sample:					
3	Instrument Deta	ls:				
a.	Mobile Phase:					
b.	Type of HPLC	Analytical/ Preparative/ Both (Please tick mark)				
c.	Type of Column:	Analytical (C18 & C 8), Preparative (C18)				
c.	Program for Run:					
d.	No. of runs					
e.	Remarks, if any:					
Na	me of Researcher:	Name of Guide:				
Sig	n of researcher:	Sign of Guide				
Sig	n of Faculty In-Char	ge: Sign of Director, IBB				
No	te:					
		completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB. llotted on first serve first basis.				
		get the acquired data.				
	Filter your sample	through 0.2µm (preferable)/0.4 µm filter prior to acquisition.				
	Slot allocated (D	ate & Time) :				

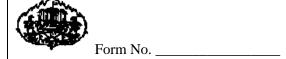


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Requisition Form for Lyophilizer

1.	Person Details:					
	Name of Researcher/student:					
	Institute /Address:					
	Phone: Email:					
	Name of the guide and signature					
2	Sample Details:					
	Number of Samples:					
	Type of Sample:					
	Solvent Type:					
3	Instrument Details:					
a	Type of container:					
b	No. of Container:					
c.	required if any:					
Nar	ne of Researcher:	Name of Guide:				
Sign	n of researcher:	Sign of Guide				
Sign	n of Faculty In-Charge:	Sign of Director, IBB				
Not	•					
	 Please submit the completely filled form to Lab In-Cha The slots will be allotted according to the availability. Kindly bring CD to get the acquired data. Provide the sample a day before. 	arge, Central Instrumentation Lab, IBB.				
	Slot allocated (Date & Time):					



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Requisition Form for UV- Vis Spectrophotometer

1.	Person Details:			
	Name of Researcher:			
	Institute /Address:			
	Contact:			
	Phone:	Email:		
2	Sample Details:			
	Type of Sample: Liquid / Power/ Thin Film (Please tick mark)			
3	Instrument Details:			
a	Thin Film/ Cuvette/ Powder:			
b	Analysis Type:	Spectrum / Kinetics/ Photometric (Please tick mark)		
С	Weave Length:			
d	Any other			
Na	me of Researcher:	Name of Guide:		
Sign of researcher:		Sign of Guide		
Sign of Faculty In-Charge:		Sign of Director, IBB		
Note:				
	• Please submit the completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.			
	 The slots will be allotted according to the availability. Kindly bring CD get the acquired data. 			
	Kindly offing CD get the acquired data.			
	Slot allocated (Date & Time):			



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Requisition Form for Flow cytometer		
Person details		
Name of the Researcher/Student:		
Name of Guide:		
Institute/Address:		
Contact: Phone:, Email:		
Sample details		
Гуре of sample:		
Number of samples:		
Name of Dyes:		
Tyoe of analysis:		
Excitation wavelength:Emission wa	velength:	
Note:		
Name of Researcher:	Name of Guide:	
Sign of researcher:	Sign of Guide	
Sign of Faculty In-Charge:	Sign of Director, IBB	
 Please submit the completely filled form to respective T The slots will be allotted according to the availability. Kindly bring CD to get the acquired data. 	'A or In-Charge.	



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Savitribai Phule Pune University		
Requisition Form for Rea	l Time PCR	
Person details		
Name of the Researcher/Student:		
Name of Guide:		
Institute/Address:		
Contact: Phone:, Email:		
2. Sample details		
Type of sample:		
Number of samples:		
Name of Researcher:	Name of Guide:	
Sign of researcher:	Sign of Guide	
Sign of Faculty In-Charge:	Sign of Director, IBB	
 Please submit the completely filled form to respective The slots will be allotted according to the availability. Kindly bring CD to get the acquired data. 	TA or In-Charge.	



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Requisition Form for	<u>LCMS</u>	
Person details		
Name of the Researcher/Student:		
Name of Guide:		
Institute/Address:		
Contact: Phone:, Email:		
2. Sample details		
Type of sample:		
Number of samples:		
Other Details:		
Name of Researcher:	Name of Guide:	
Sign of researcher:	Sign of Guide	
Sign of Faculty In-Charge:	Sign of Director, IBB	
 Please submit the completely filled form to respective 7 The slots will be allotted according to the availability. Kindly bring CD to get the acquired data. 	ΓA or In-Charge.	
Slot allocated (Date & Time):		



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Savitri	ibai Phule Pune University	
Requ	uisition Form for FPLC	
Name of the Researcher/Student:		
Name of Guide:		
Institute/Address:		
Contact: Phone:	, Email:	
2. Sample details		
Type of sample:		
Number of samples:		
Other Details:		
Name of Researcher:	Name of Guide:	
Sign of researcher:	Sign of Guide	
Sign of Faculty In-Charge:	Sign of Director, IBB	
 Please submit the completely fill The slots will be allotted accord Kindly bring CD to get the accur. 	·	



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Requisition Form	for IEF
Name of the Researcher/Student:	
Name of Guide:	
Institute/Address:	
Contact: Phone:, Email:	
2. Sample details	
Гуре of sample:	
Number of samples:	
Other Details:	
Name of Researcher:	Name of Guide:
Sign of researcher:	Sign of Guide
Sign of Faculty In-Charge:	Sign of Director, IBB
 Please submit the completely filled form to respective. The slots will be allotted according to the availability. Kindly bring CD to get the acquired data. 	



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Requisition Form	for Biosafety facility
Name of the Researcher/Student:	
Name of Guide:	
Institute/Address:	
Contact: Phone:, Er	mail:
Details of the work to be done:	
Name of Researcher:	Name of Guide:
Sign of researcher:	Sign of Guide
Sign of Faculty In-Charge:	Sign of Director, IBB
 Please submit the completely filled form to The slots will be allotted according to the a Kindly bring CD to get the acquired data. 	



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Requisition Form for Cryopreservation unit

Name of the Researcher/Student: _	
Name of Guide:	
Institute/Address:	
Contact: Phone:	, Email:
Details of the work to be done:	
Name of Researcher:	Name of Guide:
Sign of researcher:	Sign of Guide
Sign of Faculty In-Charge:	Sign of Director, IBB
 Please submit the completely 	illed form to respective TA or In-Charge.

- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.

Slot allocated (Date & Time) :	
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Requisition Form for Isothermal Titration Colorimetry (ITC)		
Name of the Researcher/Student:		
Name of Guide:		
Institute/Address:		
Contact: Phone:, Email:		
2. Sample details		
Type of sample:		
Number of samples:		
Other Details:		
Name of Researcher:	Name of Guide:	
Sign of researcher:	Sign of Guide	
Sion of Fooulty In Change	Sion of Director IDD	
Sign of Faculty In-Charge:	Sign of Director, IBB	
 Please submit the completely filled form to respective T The slots will be allotted according to the availability. Kindly bring CD to get the acquired data. 	TA or In-Charge.	
Slot allocated (Date & Time):		



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Requisition Form for Dynamic light scattering (DLS)

Name of the Researcher/Student:	
Name of Guide:	
	, Email:
2. Sample details	
Type of sample:	
Number of samples:	
Other Details:	
Name of Researcher:	Name of Guide:
Sign of researcher:	Sign of Guide
Sign of Faculty In-Charge:	Sign of Director, IBB
 Please submit the completely filled The slots will be allotted according Kindly bring CD to get the acquire 	•
Slot allocated (Date & Time) : _	



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Requisition Form for HPLC (analytical)

Name of the Researcher/Student:		
Name of Guide:		_
Institute/Address:		
Contact: Phone:	, Email:	
2. Sample details		
Type of sample:		_
Number of samples:		_
Name of Researcher:	Name of Guide:	
Sign of researcher:	Sign of Guide	
Sign of Faculty In-Charge:	Sign of Director, IBB	
Please submit the completely:	lled form to respective TA or In-Charge.	

- The slots will be allotted according to the availability.
- Kindly bring CD to get the acquired data.