

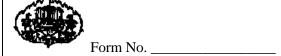
Form	Nο		
TITIO'I	INO.		

	Ĭ	K
Date://	1	

Savitribai Phule Pune University

Requisition Form for ELISA Plate Reader

1.	1. Person Details:				
	Name of Researcher:				
	Institute /Address:				
	Phone:	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 (Tick mark please)		
c	Absorbance:	Fluorescence/ Absorbance/ Lumin Polarization (Tick mark please)	nescence/ Time resolved/ Fluorescence		
d	Weave Length:				
Sign of researcher:			Sign of Guide:		
Sign of Faculty In-Charge: Sign of Director, IBB:					
Not	Note:				
		he completely filled form to Lab In-Club e allotted according to the availability	harge, Central Instrumentation Lab, IBB.		
		D get the acquired data.	•		
	Slot allocated	(Data & Tima) •			

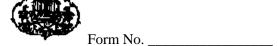


		-<-	3
	- 11		
	10		
Date: / /		-	•
<i>Date</i> :/			

Savitribai Phule Pune University

Requisition Form for Rota vapor

1.	Person Details:				
	Name of Researcher:				
	Contact:				
	Phone:	Email:			
2	Sample Details:				
	Number of Samples:				
	Type of Sample:				
3	Instrument Details:				
a	Water/ Oil bath:				
b	Name & Boiling point of used solvent:				
c	Temperature:				
d	RPM & Time required:				
Sig	n of researcher:		Sign of Guide:		
Sig	n of Faculty In-Charge:		Sign of Director, IBB:		
No	te:				
	• •		Charge, Central Instrumentation Lab, IBB.		
	The slots will be allotted accord Windly bring CD got the acquire		y.		
	Kindly bring CD get the acqui	red data.			
	Slot allocated (Date & Time):			





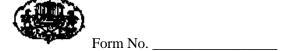
Date: __/__/___

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for Gas Chromatography

1.	Person Details:				
	Name of Researcher:				
	Institute /Address:				
	Contact:				
	Phone: En	nail:			
2	Sample Details:				
	Number of Samples:				
	Type of Sample:				
3	Instrument Details:				
a.	Name of Column:	CBPL-525/ RTX 5/ Stabilwax/ RTX-Biodiesel TG/			
b.	(please tick the required) Name of Detector, ECD/FID:	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:				
Sig	n of researcher:	Sign of Guide:			
Sig	n of Faculty In-Charge :	Sign of Director, IBB:			
Not	te:				
	• •	rm to Lab In-Charge, Central Instrumentation Lab, IBB.			
	The slots will be allotted according toKindly bring CD get the acquired data	•			
	Kindly oring CD get the acquired data	Slot allocated (Date & Time) :			



			KK
Data	/ /		
Date:	_//	District Co.	

Savitribai Phule Pune University

Requisition Form for Ultra- Centrifuge

1.	Person Details:				
	Name of Researcher:				
	Institute /Address:				
	Contact:				
	Phone:	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:				
Sig	n of researcher:	Sign of Guide:			
Sig	n of Faculty In-Charge:	Sign of Director, IBB:			
No	te:				
	•	letely filled form to Lab In-Charge, Central Instrumentation Lab, IBB.			
	The slots will be allottedKindly bring CD get the	d according to the availability. e acquired data.			
	Slot allocated (Date &				
	Sivi anocateu (Date o	(1 mmc) .			





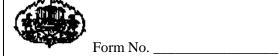
Date: __/__/__

Institute of Bioinformatics and Biotechnology

Savitribai Phule Pune University

Requisition Form for High Performance Liquid Chromatography

1.	Person Details:				
	Name of Researcher	Name of Researcher/student: Institute /Address:			
		Email:			
	Name of the guide and signature				
2	Sample Details:				
	Number of Samples				
	Type of Sample:				
3	Instrument Detail	s:			
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:				
Sig	n of researcher:	Sign of Guide:			
Sign	n of Faculty In-Charg	e: Sign of Director, IBB:			
Not	e:				
	• The slots will be a	completely filled form to Lab In-Charge, Central Instrumentation Lab, IBB. lotted on first serve first basis.			
	, ,	et the acquired data. through 0.2µm (preferable)/0.4 µm filter prior to acquisition.			
	Slot allocated (Date & Time):				

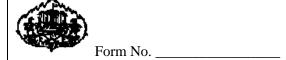


	Ч		
	П	K	К
D-4 / /			١,
Date://			- 4

Savitribai Phule Pune University

Requisition Form for Lyophilizer

1.	Person Details:	
	Name of Researcher/student: -	
	Institute /Address:	
	Phone:	Email:
	Name of the guide and signature	re
2	Sample Details:	
	Number of Samples:	
	Type of Sample:	
	Solvent Type:	
3	Instrument Details:	
a	Type of container:	
b	No. of Container:	
c.	Specific condition required if any:	
Sign	n of Researcher:	Sign of Guide:
Sign	n of Faculty In-Charge:	Sign of Director, IBB:
Not	e:	
		filled form to Lab In-Charge, Central Instrumentation Lab, IBB.
	• The slots will be allotted acco	•
	Kindly bring CD to get the acProvide the sample a day before	•
	- 1 To vide the sample a day bere	10.
	Slot allocated (Date & Time):



			ч		
			П	1	
			и		
Date:	/	/	_		0
Date.	/ _	_′ _			

Savitribai Phule Pune University

Requisition Form for UV- Vis Spectrophotometer

1.	Person Details:						
	Name of Researcher:	Name of Researcher:					
	Institute /Address:						
	Contact:						
	Phone: Email:						
2	Sample Details:						
	Number of Samples:						
	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)					
c	Weave Length:						
d	Any other						
	, and the second						
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.						
Slot allocated (Data & Time) ·							



Form N	0.		

		K	⊀
-	10	U,	
Date://	District of the last	THE OWNER OF THE OWNER,	-

Savitribai Phule Pune University

Requisition Form for Fluorescence Microscope

1. Person details

Name of the Researcher/Student:								
Name of Guide:								
Contact: Phone:	, Email:							
	2. Sample details							
Type of sample:								
Number of slides/samples:								
Name of Dye:								
Excitation wavelength:	Emission waveler	ngth:						
	3. Instrument details	-						
Filters	Excitation range	Emission range						
1.	Bright Field (BF)							
2.	330nm – 400nm	400nm – 530nm						
3.	430nm – 510nm	495nm – 680nm						
4.	520nm – 640nm	560nm – 640nm						
Magnification: 5x	10x	100x						
Note:								
Sign of researcher	Sign of Guide							
Sign of Faculty In-Charge	Sign of Director, IBB							

- Please submit the completely filled 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):