



CENTER FOR DNA FINGERPRINTING AND DIAGNOSTICS

SOPHISTICATED EQUIPMENT FACILITY

UPPAL, HYDERABAD

CIRCULAR DICHROISM-REQUISITION FORM

NAME		DATE :
GROUP / SUPERVISOR		
INSTITUTION	a) Academic [] b) Industry []	
NO.OF. SAMPLES		
TYPE OF SAMPLE		
ANALYSIS REQUESTED		
SPECTRAL RANGE		
SAMPLE INFORMATION		
E-mail / PHONE		
DECLARATION	This is to certify that these samples do not contain Radioactive material Signature <input type="text"/>	

This is to submit that Content of this report is meant for our information only and we will not use the content of this report for advertisement, evidence, litigation or quote as certificate to third party.

Signature of Student

Signature of the Group Head