

# Dr. Rajendra Gode College of Pharmacy, Malkapur

## Requisition Form for DSC Analysis (Only for External User)

SN	Particulars	
1	Name of User (Mr./Ms./Dr.) Designation and Department	
2	Institute/Industry Name and Address	
3	Email ID (spell check results will be delivered to this email)	
4	Phone No./Mobile No.	
5	Purpose	
6	Title of Invention	
7	Name of Research Supervisor	
8	Description of Analysis	DSC
9	Number of Samples	

Sr. No.	Sample Name/Code	Nature of Sample	Temperature Range	Boiling Point/Flash Point Temperature
10	Requirement from Analysis (tick appropriately and mention)			
	a) Glass Transition Temperature (_____ - _____) b) Melting Point (_____ - _____) c) Crystallization (_____ - _____) d) Any other (_____ - _____)			
11	Remark, Special Analysis Request if Any			
12. Transaction ID and date of transaction -				

Note – \*Please specify hazardous nature or organic solvent used during sample preparation (trace of solvent may be harmful). \*Sample must be nonhazardous and non-explosive in nature. \*Payment 100% and submit receipt during sample submission

Name and Sign of User

Name and Sign of Guide

Name and Sign of  
HOD/Principal

Seal of institute