

Multi-Disciplinary Research Unit

Requisition Form- Instrumentation Facility

Form No:

Date:

Student/User Name & Designation**Supervisor Name & Designation****E-mail:****E-mail:****Department / Centre****Name and address of the institute****Telephone/mobile number****Date of Request****Expected date of Measurement****Technique to be used**

- Digital Microscopy
- RT-PCR
- Blood Cell Counter
- HPLC D10
- Refrigerated Centrifuge
- 80°C Sample Storage
- 20°C Deep Freezer

User category

- GMCK
- Other Institution
- Industry

Number of samples	Sample type and name

Nature of the characterization required:

- Sample characterization only
- Sample characterization and analysis

Important Note:

Kindly consult MRU staff for sample preparation details before characterization.

Undertaking:

I/we undertake to abide by the safety and sample preparation guidelines and precautions during testing of my sample. I/we shall not claim for any damage/harm to my samples submitted for the analysis using MRU equipment.

I/we shall give due acknowledgment to MRU for measurement and help in the results (if any) so published in journals and inform MRU about the publications which acknowledges the use of MRU facilities. A copy of the published paper may please be submitted for MRU records.

User/Student Signature	Supervisor Signature/Stamp

Contact Details:

Multi-Disciplinary Research Unit-Instrumentation Facility
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