

# **Institute of Bioresources and Sustainable Development**

## **HPTLC Facility**

### **Sample Submission Form**

Date \_\_\_\_\_

Name of the Indentor :

Concerned Scientist :

Organization & Contact no. :

Proposed date and time :

Protocol :

Sample details :

(I/We take the responsibility to pay user charges as per the guidelines)

**(Signature of the indentor)**

Date:

**(Scientist/Faculty)**

Date:

---

**(For facility use only)**

Tentative Date :

Date of work done :

No. of samples done :

Report given on :

**(Technical Staff)**

**(Facility In-charge)**

---