

REQUISITION FORM FOR ANALYTICAL GAS/LIQUID NITROGEN

SAIC, TEZPUR UNIVERSITY

1. Name of Applicant :
2. Department/Centre/Section/Facility :
3. Designation of applicant :
4. Telephone no. & email :
5. Purpose of requirement : • Personal project (as PI/Co-PI)
(*Strike out whichever is not applicable*) (The applicable cost may be debited from the _____ head of the project titled:

_____)

- Departmental Requirement
(The applicable cost may be debited from the fund allocation on the head for _____ of the deptt. of

_____)

- Central Facility

6. Quantity required :
7. Date of requirement :

(Signature of the applicant)

Date:

.....
RECOMMENDATION *

Certified that the requirement is for Departmental use/ Central Facility (*strike out whichever is not applicable*) and recommended.

(Signature of the Head)

Date:

(Deptt./Centre/ Section/Facility)

(* Not required in the case of personal project)

Finance copy

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