

Department of chemistry, IIT Madras
GC FACILITY

User Information

Name: _____

Billing name: _____

Address: _____

Email ID: _____

Contact No: _____

Sample information

S. No	Sample Code	Gases Expected	Expected Concentrated Range

Payment Details: _____ Date: _____

Student's signature**Research Guide's signature & seal**

Date of receiving sample:

Date of analysis sample:

Internal users

Department of Chemistry, IIT Madras Gas chromatography

User Information

Name:

Date:

Email:

Lab Phone:

Research Guide:

Sample Details

Sl. No	Sample Code	Gas Expected	Expected Concentration Range

Signature of the Guide

Signature of Operator

Internal users

Department of Chemistry, IIT Madras Gas chromatography

User Information

Name:

Date:

Email:

Lab Phone:

Research Guide:

Sample Details

Sl. No	Sample Code	Gas Expected	Expected Concentration Range

Signature of the Guide

Signature of Operator