

University Institute of Pharmaceutical Science
Panjab University, Sector-14, Chandigarh

FLR/IR/OTHERS REQUISITION FORM

Name: _____ Dated: _____

Section: _____

Number of Samples: _____

Any Hazards: _____

Mobile _____

Email ID _____

Remarks _____

User's Signature

Signature of Research Supervisor

Signature of
In-charge of
Facility