**REQUISTION FORM FOR CHN**

**NAME:**

**DESIGNATION:**

**ADDRESS**:

**TEL. / MOBILE NO. :**  **EMAIL:**

**NATURE OF SAMPLES:**

**CODE OF SAMPLES:**

**MELTING POINT: BOILING POINT:**

**HYGROSCOPIC: YES NO**

**VOLATILE: YES NO**

**AFFECTED BY LIGHT: YES NO**

**ANY OTHER INFORMATION REQUESTED**

**DATE: / /**

**SIGNATURE**

**For Office Use Only**

**S. No.**

**Date:**