



## REQUISITION FORM FOR CHN

<b>NAME:</b> <input type="text"/>		<b>For Office Use Only</b>	
<b>DESIGNATION:</b> <input type="text"/>		<b>Reference No.</b> <input type="text"/>	
<b>ADDRESS:</b> <input type="text"/>		<b>Date:</b> / /	
<b>TEL. / MOBILE NO. :</b> <input type="text"/>	<b>EMAIL:</b> <input type="text"/>		
<b>NATURE OF SAMPLES:</b> <input type="text"/>			
<b>CODE OF SAMPLES:</b> <input type="text"/>			
<b>MELTING POINT:</b> <input type="text"/>	<b>BOILING POINT:</b> <input type="text"/>		
<b>HYGROSCOPIC:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>VOLATILE:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>AFFECTED BY LIGHT:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>ANY OTHER INFORMATION REQUESTED</b>			
<input type="text"/>			
<b>SIGNATURE</b>		<b>DATE:</b> / /	
<input type="text"/>			