**REQUISTION FORM DIFFRENTIAL SCANNING CALORIMENTER (DSC)**

**NAME:**

**DESIGNATION:**

**ADDRESS**:

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

**NATURE OF SAMPLES: 1. SOLID 2. LIQUID**

**NO. OF SAMPLES:**

**CODE OF SAMPLES:**

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**BRIEF AIM OF INVESTIGATION: 1. MELTING POINT 2. GLASS TRANSITION**

**REQUIRED TEMPERATURE RANGE:**

**REQUIRED HEATING RATE:**

**DECOMPOSITION TEMPERATURE OF SAMPLE: DATED (DD-MM-YY):**

**SIGNATURE OF REQUISITIONER:**

**For Office Use Only**

**S. No.**

**Date:**

**CACH RECEPT**

**REFERNCE NO.: DATE: / /**

**RECEIVED A SUM OF SAR FROM NAME**

 **SIGNATURES CASHIER REQUISITION**