

ANNEXURE II



**GOVERNMENT COLLEGE OF ENGINEERING,
SENGIPATTI, THANJAVUR - 613402**

DEPARTMENT OF PHYSICS

RESEARCH AND DEVELOPMENT CELL



REQUISITION FORM FOR RESEARCH AND DEVELOPMENT CELL

User Information:

Date:

User Name: **Designation:**

Contact Number: **email:**

Supervisor name: **Department:**

Contact Number: **email:**

Organisation:

User category (Please tick (✓)):

Academic & Educational Institution () R&D and National Lab () Industry ()

Address for Correspondence / Billing:

.....

Facility Required:

Sample Description:

S. No.	Sample Code / Name	Sample Description	Facility Required

Any special requirement:

**I hereby certify that the user is a bonafide research student / employee of our organization,
and the payment of the bills for the mentioned sample(s) shall be made by**

.....

Date:
Place:

Signature
Researcher

Signature with seal
Supervisor / HOD