

त्रिपुरा विश्वविद्यालय

TRIPURA UNIVERSITY

(केन्द्रीय विश्वविद्यालय / A Central University)

सूर्यमणिनगर, अगरतला/Suryamaninagar, Agartala

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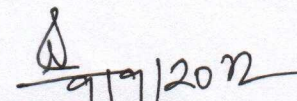
NOTIFICATION

This is for information to all that an ATR-FTIR equipment has been installed in the Department of Pharmacy (Academic Building XI). This equipment has been approved to be used by the Faculty members, Researchers and students of the University as well as other Educational Institution and Scientific Bodies with a fee payment as given below:

1. For users of Department of Pharmacy : Free
2. For users of other Department of Tripura University : Rs.100.00 only per sample
3. For users other than Tripura University : Rs.150.00 only per sample

Accordingly, a requisition form is attached with this Notification.

This is issued with the approval of the Competent Authority


[N. Reang]

Deputy Finance Officer

Copy to -

1. The Dean Faculty of Science, Tripura University.
2. The Registrar, Tripura University.
3. The HoD/ HOD(i/c) of Science Department, Tripura University with a request to bring the notice to the Faculty Members, Research Scholars and students of the Department.
4. The Principal, Regional Institute of Pharmaceutical Science and Technology, Agartala, Tripura.
5. The Principal, Bharta Pharmaceutical Technology, Amtali, Tripura
6. P.S. to the Hon'ble Vice-Chancellor, Tripura University.

REQUISITION FORM

ATR-FTIR

Department of Pharmacy

Tripura University, Suryamaninagar – 799022, West Tripura

Email: hod_pharmacy@tripurauniv.ac.in

User Information

Name: Designation:

Billing Address:

.....

.....

Phone Number: E-mail address:

Details of samples submitted: Please provide the following details:

Serial. Number	Sample code	Nature of Samples*

**N.B.: If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions. Highly acidic/alkaline/corrosive and toxic chemicals will not be allowed for analysis..*

I hereby certify that the user is a bonafide research student/employee of our organization, and the payment of the bills for the charges for analysis of the sample(s) shall be made by (please select one):

Date:

Signature

Signature

Signature

Place:

Research student

Supervisor/Teacher

Head/Coordinator/PI

Seal:

Seal:

Please Note:

*The charges have to be paid in advance at the time of submission of sample(s). All payments should be made by SBI Challan/ online transfer to the A/C No. **35660996430**, IFSC: **SBIN0010495** of SBI, Tripura University Campus Branch or in the form of DD in favour of "Finance Officer, Tripura University" payable at SBI, Tripura University Campus Branch. A copy of payment proof has to be sent with the sample.*

Kindly acknowledge the use of the Facility in your published papers and send us a copy of your published paper.

To download this form and for other information, please visit <http://www.tripurauniv.ac.in/>