



University of Hyderabad

School of Life Sciences-Metabolomics Facility

GC-MS Sample submission form for SLS/UOH/others

Inward no.	Date	Outward	
Name of the student			
Phone no.			
e-mail			
Name of the supervisor			
Name of the University			
Department			
Number of samples (enter the details of sample backside of this page)			
Payment Details:			
Amount paid			
Mode of payment	Cash/D.D		
D.D number	Date:	Bank:	Branch:

Signature of the Student

signature of the Analyst

Signature of the faculty In charge

Signature of the Supervisor

Signature of the Dean

Comments by analyst

Delivery Date

Receiver Signature