

#### UNIVERSITY SCIENCE INSTRUMENTATION CENTRE

#### BHARATHIDASAN UNIVERSITY

## TIRUCHIRAPALLI- 620 024

## **MOLECULAR MODELING FACILITY - REQUISITION FORM**

				Form No	:	
				Date:		
Name of the Research						
Mobile No.						
Email Id:						
Designation						
Research Supervisor Name & Official Address						
Component to be Used in		ConfGen Glide Epik Impact				
Schrodinger Software		LigPrep MacroModel Prime				
(Please (♣) appropriate box)						
		QikPrep SiteMap				
Number of analysis						
Time required for the analysis and Host computer No.		From:/; To:/				
(To be filled after the initiation of the run)		Host Computer No.:				
Result output file format		PDF CSV				
Payment Details						
Draft/URN No.	Bank		Dat	e Am	nount ₹ (Incl18% GST)	
I hereby agreed to terms and conditions of the institution properly acknowledged this facility without fail.				SIC rules	for analysis and I will be	
User's Signature						

Forwarded by,

# Office use only

Serial No.	:	Date of receipt of Sample	:
No. of Samples	:	Date of analysis (Tentative)	:
Date of completion	:		
			Technical Asst. Initial
Type of User	: Internal- B	DU BDU- Affiliated	External Academic
	Industry		
Payment verification	1:		
			Junior Asst. Initial
Remarks:			

Recommended,

Signature of the Coordinator - USIC (Dr. B. KADALMANI)