



UNIVERSITY SCIENCE INSTRUMENTATION CENTRE
BHARATHIDASAN UNIVERSITY
TIRUCHIRAPALLI- 620 024

ULTRAPURE WATER - REQUISITION FORM

Form No:	
Date:	

Name of the User			
Contact No- Email ID-			
Designation			
Area of Research work			
Institutional Address			
Required Volume (in liters)			
Payment Details			
Draft/URN No.	Bank	Date	Amount ₹ (Incl.-18% GST)
I hereby agreed to terms and conditions of the institution, acknowledgment will be given for this instrument & facility without fail.			
User's Signature			

Forwarded By,

Signature of Research Supervisor
(with seal)

Office use only

Serial No. : _____

Date of submission of vessel : _____

Date of disbursal : _____

Technical Asst. Initial

Type of User : ☐ Internal- BDU ☐ BDU- Affiliated ☐ External Academic
☐ Industry

Payment verification :

Junior Asst. Initial

Remarks:

Recommended,

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

**Note: Make sure to bring the new sterile vessel for collecting Ultrapure water.
No vessels will be provided from USIC.**



Users are requested to acknowledge **“USIC-BDU & DST-PURSE (Phase 1 & 2)** for instrumentation support”, for the publication of the work. Acknowledged papers should be sent to this office after publication.