

**University Institute of Pharmaceutical Science  
Panjab University, Sector-14, Chandigarh**

**DSC ANALYSIS REQUISITION FORM**

**Name of Student :**

**Class :**

**Section :**

**Nature of Sample :**

**Number of Samples :**

**E-Mail :**

**Mobile No. :**

**Date :**

S. No.	Name/Code of Sample	Temp (°C)	From (°C)	To (°C)

**User's Signature**

**Signature of Research Supervisor**

**Signature of  
In-charge of  
Facility**

