

# REQUISITION FORM

*(for tests to be conducted for R&D purposes)*

Name of the Student	:	
Department/Faculty	:	
Title of Thesis (M.Sc./M.Pharm/MS/MD/Ph.D)	:	
Name of the Supervisor/ Co-Supervisor	:	
Likely list of tests to be carried out during the course of study	:	
Name and expected No. of Tests	:	
Cost of each test to be carried out as per approved rates of SGT Hospital	:	
Total Cost	:	

**Signature of the Student**

**Recommendation of Guide:**

**Recommendation of the Dean:**

**Recommendation of the Medical Superintendent:**

**Approval of Dean:**