

**DBT-MSUB ANALYTICAL TEST FACILITY  
SCHOOL OF BIOSCIENCES  
MAHATMA GANDHI UNIVERSITY, KOTTAYAM**

**Sample submission form for Gel Documentation System**

<b>Name of the student :</b>	
<b>Name of the Supervisor :</b>	
<b>Mailing Address :</b>	
<b>Phone :</b>	
<b>Email :</b>	

**Sample details:**

**Solvent system:**

**No. of samples:**

**Any other information:**

**Declaration**

**DBT-MSUB will be duly acknowledged in the publications containing the results obtained using the test facilities**

**Signature of the supervisor**

**Signature of the student**

**Name:**

**Institution/ Department:**

**Date:**

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