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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Booking Date  | CD/FL/Type of expt. | Sample Type (Protein/ DNA/Peptide)Size/Conc./No. of Tryptophan | No. of Samples & Scans required per Sample | Name of requesting person / contact details | Training obtainedY/No | Whether needs assistance& Level of assistance | DAE units other than TMC/R&D and other Educational Institutions/ Industry/ Corporates | Buffer Composition |
|  |  |  |  |  |  |  |  |  |

 **Booking form for the CD/Fluorimeter Expts**