



**INTER UNIVERSITY INSTRUMENTATION CENTER (IUIC)**  
Mahatma Gandhi University



**Request form for Ultra Pure Water**

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Name of the Applicant :

Designation and institutional address :

Name and Signature of the Supervisor :

Phone No. :

Volume needed :

Type of Water : Distilled Water ☐ Ultra Pure (MilliQ) ☐

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**For office Use**

Date :

Permitted by :

Signature :