





ST. MARY'S COLLEGE (AUTONOMOUS), THOOTHUKUDI – 628001

Fourth Cycle – Re-Accredited with A+ Grade by NAAC

Email:		CONSULTAN	Y SERVICE REQUES	T FORM	
Name:	Prefix	First Name		Last Name	
Departme	nt		I		
Name of the Institution: Complete Address:					
Phone:	Land Area Code	Phone No.	Ma No.	obile o.	
Designatio	on: F	aculty Schol	r 🗌 Student	Other (specify)	

Check each service item you require

Consultancy Service Item	Consultancy Service Item	Consultancy Service Item	Consultancy Service Item	Consultancy Service Item
Mushroom cultivation Anti bacterial Activity	DNA isolation from various sources Isolation and Identification of Bacteria	Molecular Modelling RFLP	Computer Aided Drug Design Identification of puffer fish	Online Marketing Technological Banking
Anti fungal Activity	Screening of plant molecular markers	PAGE	Diversity analysis	Consumer Behaviour
Soxhlet Extraction	PCR (Primer designing and gene amplification)	AGE	Generalized Topology	Stress Management
Quality assurance of drinking water	DNA isolation (Plasmid and Genomic)	Gene cloning	Nano Topology	Entrepreneurship
Analysis of spoilage of food	Biochemical tests for organism identification	DNA library	Micro Topology	Educational psychology
Soil and water analysis	Antibiotic sensitivity test against human pathogens	Calcination	Personality psychology	Health psychology
Demineralizatio n of water	Ultracentrifugation			

Submitted Sample specification form:

Yes

No No

Name & Signature

Signature of HoD/Guide (In case of student or researcher)

For Office Use Only

Date of Sample Receipt	
Received by	
Rack Number / Folder No.	
Sample Type and Quantity	
Sample Quality	
Qualified Quality Test	Yes No
Date of Analysis	
Analysis Done by	Name:
	Signature:
	Name:
Checked and Counter Signed by	Signature:
Date of Result Send	

Signature of Research Coordinator

Signature of Head of the Department

(Seal)

Signature of Principal