

Department of Pharmaceutical Chemistry, Faculty of Pharmaceutical Sciences,  
Prince of Songkla University

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Ph-Chem-2

**RESERVATION FORM FOR INSTRUMENT BOOKING**

**Part 1**

Date...../...../.....

Name-Last name.....Position.....

Office.....

.....Tel.....

I would like to use.....

On...../...../..... booking time.....  Am  Pm

(dd/ mm /yyyy)

Experiment Description.....

This experiment is a part of  student project  Master degree thesis  Ph.D.Thesis  Research  
 .....

Name of Supervisor.....

Office of the supervisor.....

.....Tel.....

.....Requester

(.....)

..... supervisor

(.....)

I hereby certified that all above information are true

..... Head of the department.....

(.....)(...../...../.....)

**Remark:** Please send this form 2 days in advance of the date of using the instrument

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**For Office Only**

**Part 2**

เรียน.....

ท่านได้รับมอบหมายให้ดูแลการใช้เครื่อง.....ในวันที่.....เวลา.....

ลงชื่อ.....หัวหน้าภาควิชาเภสัชเคมี

(.....) (...../...../.....)