



Application No.

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Central Instrumentation Facility (CIF)*Central University of South Bihar**Sh-7, Gaya-Panchanpur Road**Post- Fatehpur, Gaya-824236***REQUESTFORM****ATOMIC ABSORPTIONSPECTROSCOPY (AAS)**

1. Name : _____
2. Phone : _____ 3. Fax: _____
4. Email : _____
5. Address: _____

6. Category: ☐ Internal ☐ External
7. Status: ☐ BSc. ☐ MSc. ☐ PhD ☐ Researcher ☐ Others: _____
8. Project/Grant Title: _____

9. Project/Grant Account No.: _____
10. Project/Grant Expiry: _____

(Item 7-10 is applicable for internal applications)

11. Type of payment: _____
12. No. of Sample: _____
13. Name of Sample: _____
14. Name and percentage of solvent used: _____
15. Samples Properties: ☐ Toxic ☐ Carcinogenic ☐ Normal
16. Sample Type: ☐ Pure ☐ Digested
17. Estimated concentration level: ☐ ppb ☐ ppm
18. Aim of element (please tick✓):

Sl No	Sample Code	Elements to be analyzed					
01							
02							
03							
04							
05							

Lamps Available : As, Al, Cd, Cr, Cu, Hg, Co, Mg, Mn, Ni, Pb, Na, Zn, Fe**Maximum limit 5 samples per requisition form (Strikeout blank lines).****Sample quantity required is 1 mg/ml (15ml).**

19. Report and Analysis: ☐ Result/Raw Data only ☐ Report and Analysis