Application No. ☐☐☐☐☐☐☐☐☐☐

Central Instrumentation Facility (CIF)

Central University of South Bihar
Sh-7, Gaya-Panchanpur Road
Post- Fatehpur, Gaya-824236

REQUEST FORM
CHNS-O Elemental Analyzer (CHNS)

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: ☐ Explosive ☐ Carcinogenic ☐ Normal
16. Sample Type: ☐ Pure ☐ Digested
17. Aim of element (please tick √):

Sl No	Sample Code	Elements to be analyzed			
		C	H	N	S
01					
02					
03					
04					
05					

Maximum limit 5 samples per requisition form (Strikeout blank lines).
Sample quantity required minimum 10 mg/Each Sample).
Sample should be moisture free.

18. **Report and Analysis :** ☐ Result/Raw Data only ☐ Report and Analysis