

Application No.

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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 ☐ External7. 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 ☐ Normal16. Sample Type: ☐ Pure ☐ Digested17. Aim of element (please tick $\sqrt{}$):

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

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Undertaking:

By signing this form, I take full responsibility for the payment of the services rendered & also declare that the samples being supplied for analysis is for academic and/or research and development purpose only and the results of the analysis will not be used for settling any legal issues.

Signature of the project P.I/ Head/Dean/applicant and official stamp:

Date: _____

Note:

1. Analysis of samples will be done only after receiving the analytical charges and complete details of analysis.
2. External users will not be allowed to handle instruments under any circumstances.
3. CIF (CUSB) reserves the right to return the samples without performing the analysis and refund the analytical charges under special circumstances.

Approved by; _____

Date approved: _____

In-charge (CIF) _____

For Office Use (Internal / Outside Samples)

Total No of sample With date received	Date of sample analyzed	Log Book Entry No.	Date of results delivered	Analyst

Payment Detail(s)

Mode of Payment:	Internal Fund Transfer	Online Transaction/ Reference no. & date .	DD/Cheque

Please return this booking form to:

Mr. Raj kumar, Technical Assistant (CIF)

Email : rajikumar@cub.ac.in

Mob : 8935985229

Important Note:

Kindly consult Technical Assistant (CIF) for sample preparation before bringing your samples for analysis in case of any difficulty.