



# Central Instrumentation Facility (CIF)

Central University of South Bihar

Sh-7, Gaya-Panchanpur Road

Post- Fatehpur, Gaya-824236

## REQUEST FORM

### Digestion and Steam Distillation Unit (Kjeldahl)

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. Samples Properties:  Toxic  Carcinogenic  Normal
15. Estimated concentration level: \_\_\_\_\_

#### Details of samples submitted:

Please provide the following details:

Sl No.	Sample code	Nature of the sample	Recommended acid to be used	Modifiers if any	Sample source (Natural/Synthesis/Waste )	Remarks
01						
02						
03						
04						
05						

If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.

- User is requested to adopt standard technique for preparation of samples before giving them.
- Maximum limit 5 samples per requisition form.

**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 Extract delivered	Analyst

**Payment Detail(s)**

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

*Please return this booking form to:*

*Mr. Raj kumar, Technical Assistant (CIF)*

*Email : [rajkumar@cub.ac.in](mailto:rajkumar@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.**