Central Instrumentation Facility (CIF)

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

REQUEST FORM

Microwave Digestion System (MDS)

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. Estimated concentration/level: ☐ ppb ☐ ppm

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/Synthetic/Waste)	Remarks
(i)						
(ii)						
(iii)						
(iv)						
(v)						

(If the sample(s) present any danger in the procedure 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.**