



Central Instrumentation Facility (CIF)

Central University of South Bihar

Sh-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/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.