



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.**

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)

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 : 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.