



# Service Request Form

## Central Instrumentation Facility

Student/User Name

Supervisor Name

E-mail

E-mail

Department / Centre

Name and address of the institute

Telephone/mobile number

Date of Request

Expected date of Measurement

Technique to be used

User category

Mode of payment

☐ GCMS

☐ CUSB

☐ CUSB Internal Fund Transfer

☐ GC

☐ Other Institution

☐ Cash

☐ AAS

☐ Industry

☐ DD/Cheque

☐ Solvent Extraction System

☐ Microwave Digestion system

☐ Kjeldahl Nitrogen

☐ CHNS Analyzer

☐ Portable CO<sub>2</sub> H<sub>2</sub>O Analyzer

☐ Ion Chromatography

☐ Rotary Evaporator

Number of samples

Sample type and name

Details of DD/Cheque (For others):

Nature of the characterization required:

☐ Sample characterization only

☐ Sample characterization and analysis

**Important Note:**

Kindly consult CIF staff for sample preparation details before characterization.

**Undertaking:**

I/we undertake to abide by the safety and sample preparation guidelines and precautions during testing of my sample. I/we shall not claim for any damage/harm to my samples submitted for the analysis using CIF equipment.

**I/we shall give due acknowledgment to CIF for measurement and help in the results (if any) so published in journals and inform CIF about the publications which acknowledges the use of CIF facilities. A copy of the published paper may please be submitted for CIF records.**

User/Student Signature

Supervisor Signature/Stamp

**Contact Details:**

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