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**Central Instrumentation Facility (CIF)**

***Central University of South Bihar***

***Sh-7, Gaya-Panchanpur Road***

***Post- Fatehpur, Gaya-824236***

# REQUISITON FORM

 **ATOMIC ABSORPTION SPECTROSCOPY (AAS)**

1. Name :
2. Mob. No. :
3. Email :
4. Address :
5. Category:  Internal  External
6. Status:  BSc.  MSc.  PhD  Researcher  Others:
7. Name and percentage of solvent used:
8. Samples Properties:  Toxic  Carcinogenic  Normal
9. Sample Type:  Pure  Digested
10. Estimated concentration level:  ppb  ppm
11. Aim of element (please tick √):

|  |  |  |
| --- | --- | --- |
| Sl No |  No. of Sample & Types | Elements to be analyzed |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ***Lamps Available : As, Cd, Cr, Cu, Hg, Mg, Mn, Ni, Pb, Zn, Na, Al, Co*** |

 **Sample volume required is 15ml per element.**

1. **Report and Analysis :** Result/Raw Data only Report and Analysis

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Sample Description* | *No. of Sample to be analyzed* | *Total No. of Element* | *Analysis charge per element* | *Total Number of Analysis* | *Total Amount* |
|   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

***Payment Detail*(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Mode of Payment:**Online/offline* | Internal FundTransferApplicable/Not applicable | Online Transaction/Reference no. & date . | DD Number if applicable |
|  |  |  |  |

**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 developmentpurpose only

## and the results of the analysis will not be used for settling any legal issues.

*Signature of applicant: Signature of the supervisor/P.I/ Head*

## Note:

1. Analysis on 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.

Remarks (Technical Assistant, CIF) :-

Approved by;

Date approved:

# In-charge (CIF)

**For Office Use (Internal / Outside Samples)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total No of sample Withdate received | Date of sample analysis | Log Book Entry No. | Date of results delivery | AnalystSignature |
|  |  |  |  |  |

***Account Details:-***

*A/c Holder Name:-* ***Central Instrumentation Facility***

*A/c No. :-* ***40431879060***

*IFSC Code:-* ***SBIN0061174***

***Important Note****:*

***Kindly consult Technical Assistant (******CIF@CUSB.AC.IN******) for sample preparation before bringing your samples for analysis in case of any difficulty.***