



University of Kerala
SOPHISTICATED INSTRUMENTATION AND COMPUTATION CENTRE (SICC)
Kariavattom Campus, Trivandrum 695581

Sample Analysis Request form			Date	
ICP-MS/ LA-ICP-MS				
Name				
Address				
Email				
Mobile				
Sample details		No. of samples		
Elements required				
Purpose for which measurement is requested (in brief)				
Category (Tick which ever applicable) <input checked="" type="checkbox"/>				
University Departments <input type="checkbox"/>	Research Institutes <input type="checkbox"/>	Other Educational Institutions <input type="checkbox"/>		
Colleges Affiliated to University of Kerala <input type="checkbox"/>	Industries <input type="checkbox"/>			
DD No.	Amount	Date	Bank	
Name and signature of the Applicant	Recommendation of Supervising teacher (Guide)	Name signature and seal of (HOD / Principal / Guide / Managing Director)		
For office use				
Please collect Rs _____ (In word _____) being the analysis charge for _____ samples under the _____ _____ category.				
				Lab In-Charge
Approved/ Not approved Faculty in Charge				