

Sophisticated Instrumentation & Computation Centre (SICC)

UNIVERSITY OF KERALA, THIRUVANANTHAPURAM – 695 581

REQUISITION FORM FOR CHNS ANALYSER

Date:

Billing address (official address)	Name and official address of applicant
	Phone Number :
Phone Number:	E-mail Address :

User Type: UoK departments/Colleges (UoK) /Other Educational Institutions / Research institutes /Industries
(Please tick as applicable)

User Information

Name :
Designation :
Affiliation :
Supervisor Name :
Department & University/ Institution/College :
Broad Research Area/Topic :

SAMPLE INFORMATION

SI.No.	Sample Code	Sample description.	Solubility (Specify solvent)	Specific requirements	Job No (Office use)

Please specify nature of your sample, if your submitted sample containing toxic/ flammable/ hazardous component, please attached material safety data sheet and other details (if any) along with the sample.

Mode of Payment: DD/Cash

Receipt No. & Date:

Sample requirement: 5 mL in case of liquid and 100 mg in case of solid

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

.....
Name and Signature
of the Applicant

.....
Recommendation of
supervising teacher
(For researchers of
Kerala University departments)

.....
Name and Signature
of the Head of the
Institute/Dept.

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the SICC. The details of publications will be intimated to the SICC.

Signature with date & seal
(HOD / Principal / Guide / Managing Director)