



No:

Date:...../...../.....

## University of Kerala

### Central Laboratory for Instrumentation and Facilitation (CLIF)

Kariavattom Campus, Trivandrum-695 581 Phone: 0471-2308566

E-mail:siccuok@gmail.com

Name: .....

Official /Billing Address: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: ..... Mobile: .....

Category: Kerala University Students (A)  Students from colleges affiliated to UoK (B)

Students from other Educational institutions (C)  R & D institutes (D)

Industry (E)

Purpose : Phd  MSc  Mphil  Others

Mode of Payment\*: DD

Receipt No\*.: \_\_\_\_\_

Date: \_\_\_\_\_

*Certified that the sample submitted belongs to the above mentioned user and using of CLIF facility will be acknowledged in all the publications arising out of the results of the analysis.*

Date: \_\_\_\_\_

.....  
Name and Signature  
of the Head of the Institute/Dept.  
(Office Seal is mandatory)

#### Important\*:

- *Partially filled form and form without office seal will be summarily rejected*
- *Each page should be printed separately for submission*
- *The complaint if any regarding the analysis result has to be intimated within 3 weeks on receipt of the result*
- *The leftover/analyzed samples shall be collected within 2 weeks from the date of issue of result*

### Office Use only

Sample Received on:

Number of samples :

Analysis for :

Amount :

Name and Signature  
Of the authority

## CHNS Analysis Request Form

Name: .....

Address: .....

.....

E-mail: ..... Mobile: .....

### Sample Information\*

SL No:	Sample ID	Sample description.	Mention Mode of analysis CHN or CHNS	Remarks

.....  
Name and Signature  
of the Applicant

.....  
Recommendation of  
supervising teacher

.....  
Name and Signature  
of the Head of the Institute/Dept.  
(For researchers of Kerala  
University departments)

### **Important**

- i) Analysis Will be done on second and fourth Friday of every month.**
- ii) CHNS analysis will be done only on receiving a total of 10 samples, please enquire before payment**
- iii) Mandatory fields should not have kept blank**
- iv) Sample requirement: 10-20 mg of solid in fine powdered form /5-10 ml of liquid in solvent free form***
- v) Sample containers should be uniquely identified and appropriately labeled***
- vi) Please provide the information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or past analytical experience***
- vii) Please specify nature of your sample, if your submitted sample contain toxic/flammable/hazardous component, please attach material safety data and other details (if any) along with the sample.***
- viii) If the leftover/analyzed sample is required, please mention in the remark column***
- ix) Partially filled form and form without office seal will be summarily rejected***