

No:



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

**University of Kerala**  
**Central Laboratory for Instrumentation and Facilitation (CLIF)**  
*Kariavattom Campus, Trivandrum-695 581 Phone: 0471-2308566*  
*E-mail: clifanalyses@keralauniversity.ac.in*

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: Ph.D. ☐ M.Sc. ☐ M.Phil. ☐ 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 10 days 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

## BET Analysis Request Form

Name: .....

Address: .....

.....

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

### Sample Information\* (only Mesoporous samples are accepted)

- i) Physical Nature: ☐ Powder ☐ Granules  
ii) Chemical Nature: ☐ Organic ☐ Inorganic ☐ Organic- In organic  
iii) Measurement Required: ☐ BET Surface area ☐ Pore Size ☐ Pore Volume  
☐ All/ Full Isotherm

Sl No:	Sample ID	Sample Composition	Degassing Temp ( <sup>0</sup> c)	Time (min)

.....

Name and signature  
of the Applicant

.....

Recommendation of the  
supervising teacher

.....

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

### *Important Information\**

- i) All fields are mandatory and should not be kept blank.  
ii) \*TG data must be included along with the application form for BET analysis.  
iii) The sample quantity required is 150-500 mg (\*minimum 150 mg must).  
iv) Please specify the nature of your sample. Samples that are toxic, radioactive and explosive will not be accepted for analysis.  
v) Sample should not contain any volatile/degassing/fugitive dust materials as well as sticky and oily nature which will affect the optics in the analysis chamber.  
vi) Label the sample only on the containers, sample code /label should be brief, keep the sample clean, try not to touch the surface of the sample.  
vii) All analyses will be carried out based on priority of receipt of samples in the laboratory. It may take a few days or weeks, depending on the backlog of samples remaining in the lab for analysis.  
viii) Partially filled form and form without office seal will be summarily rejected.  
ix) If the leftover samples are needed, please mention that in the request form.