



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\*:**

- *The Centre will not be responsible in obtaining result due to failure of instruments or due to failure of sample submitted by applicant*
- *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*

**Office Use only**

Sample Received on:

Number of samples :

Analysis for :

Amount :

**Name and Signature**  
**Of the authority**

## STA (TG-DTA-DSC) Analysis Request Form

Name: .....

Official Address: .....

.....

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

### Sample Information\*

Sl.No	Sample Code	Sample description. (Elemental Composition)	Specific requirements					
			Specify the Range of measurement			Specify the heating rate and atmosphere to be used (N <sub>2</sub> /O <sub>2</sub> )	Choice of analysis TG/DTG/DSC/DTA	Remarks
			RT- 800°C	RT-1000°C	RT-1200°C			

.....  
Name and Signature  
of the Applicant

.....  
Recommendation of  
supervising teacher

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

### ***Important***

- i) *The Centre will not be responsible in obtaining result due to failure of instruments or due to failure of sample submitted by applicant*
- ii) *Mandatory fields should not have kept blank*
- iii) **Sample requirement: 20-30 mg in the form of fine powder**
- iv) *Sample containers should be uniquely identified and appropriately labeled*
- v) *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*
- vi) ***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
- vii) ***If the leftover/analyzed sample is required, please mention in the remark column.***
- viii) ***Partially filled form and form without office seal will be summarily rejected***