**Central Instrumentation Facility (CIF)**



***Central University of South Bihar***

***Sh-7, Gaya-Panchanpur Road***

***Post- Fatehpur, Gaya-824236***

# REQUEST FORM

**Microwave Digestion System (MDS)**

1. Name :
2. Phone : 3. Fax:
3. Email :
4. Address :
5. Category:  Internal  External
6. Status:  BSc.  MSc.  PhD  Researcher  Others:
7. Name and percentage of solvent used:
8. Samples Properties:  Toxic  Carcinogenic  Normal

**Details of samples submitted:** Please provide the following details: .

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl No. | Sample code | Nature of the sample | Recommended acid to be used | Modifiers if any | Sample source (Natural/Synthetic/Waste) | Remarks |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |

*If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.*

* **User is requested to adopt standard technique for preparation of samples before giving them.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Sample Description* | *No. of Sample to be digested* | *Digestion charge per sample* | *Total Number of digestion* | *Total Amount* |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

***Payment Detail*(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Mode of Payment:*  *Online/offline* | Internal Fund  Transfer  Applicable/Not applicable | Online Transaction/  Reference no. & date . | DD Number if applicable |
|  |  |  |  |

**Undertaking:**

By signing this form, I take full responsibility for the payment of the services rendered & also declare that the samples being supplied for analysis is for academic and/or research and developmentpurpose only

## and the results of the analysis will not be used for settling any legal issues.

*Signature of applicant: Signature of the supervisor/P.I/ Head*

## Note:

1. Analysis on samples will be done only after receiving the analytical charges and complete details of analysis.
2. External users will not be allowed to handle instruments under any circumstances.
3. CIF (CUSB) reserves the right to return the samples without performing the analysis

and refund the analytical charges under special circumstances.

Remarks (Technical Assistant, CIF) :-

Approved by;

Date approved:

# In-charge (CIF)

**For Office Use (Internal / Outside Samples)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total No of sample With  date received | Date of sample analysis | Log Book Entry No. | Date of results delivery | Analyst  Signature |
|  |  |  |  |  |

***Account Details:-***

*A/c Holder Name:-* ***Central Instrumentation Facility***

*A/c No. :-* ***40431879060***

*IFSC Code:-* ***SBIN0061174***

***Important Note****:*

***Kindly consult Technical Assistant (CIF) for sample preparation before bringing your samples for analysis in case of any difficulty.***