Service Request Form Central Instrumentation Facility

**Student/User Name Supervisor Name**

**E-mail E-mail**

**Department / Centre Name and address of the institute**

**Telephone/mobile number Date of Request Expected date of Measurement**

# Technique to be used

GCMS

GC AAS

Solvent Extraction System Microwave Digestion system Kjeldalh Nitrogen

CHNS Analyzer

Portable CO2 H2O Analyzer Ion Chromatography

Rotary Evaporator

# User category

 CUSB

 Other Institution Industry

# Mode of payment

 CUSB Internal Fund Transfer  Cash

DD/Cheque

# Number of samples Sample type and name Details of DD/Cheque (For others):

**Nature of the characterization required:**

 Sample characterization only

Sample characterization and analysis

# Important Note:

Kindly consult CIF staff for sample preparation details before characterization.

**Undertaking:**

I/we undertake to abide by the safety and sample preparation guidelines and precautions during testing of my sample. I/we shall not claim for any damage/harm to my samples submitted for the analysis using CIF equipment.

# I/we shall give due acknowledgment to CIF for measurement and help in the results (if any) so published in journals and inform CIF about the publications which acknowledges the use of CIF facilities. A copy of the published paper may please be submitted for CIF records.

**User/Student Signature Supervisor/Hod Signature/Stamp**

# Contact Details:

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