

CENTRAL INSTRUMENTATION LABORATORY

PANJAB UNIVERSITY, CHANDIGARH-160014

REQUISITION FORM FOR CHNSO Analysis

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(Payment should be credit in: Director CIL, A/c No. 10444977486,IFSC: SBIN0000742)

User Information

User Type: PU Campus & its Regional Centers/Other Educational Institutions / R&D Labs / Industries
(Please tick as applicable)

Name:

Designation:

Supervisor Name:

Research Area:

Department & University/

Institution/College: Billing Name &

Address:

Pin

State

Phone/ Mobile Number:

E-mail Address:

GST No(*optional):

Sample Details

Sample Details

No. of Samples*:

Sample ID*:

Percentage (%) of element*: C H N S O

Sample type*: Organic/Inorganic/Biological/Explosive/volatile/Hygroscopic

Elements to be analyzed: Carbon/Hydrogen/Oxygen/Sulphur/Nitrogen.

Sample Quantity: 2 - 10 mg of dry and finely powdered

Note: Fluorine containing samples are not accepted.

Amount paid:.....UTR / NEFT No.....Dated:.....

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of user

Supervisor's Signature

Signature of Head of Department
With official Seal

For office use only

Payment received vides receipt no.cash.....Dated.....Amount:

JobNo./RefNo. _____

IMPORTANT: - As per the recent decision of FMC committee it is mandatory for user of SAIF facility to acknowledge the facility in their research work and communicate the same to SAIF Chandigarh for onward communication to DST, New Delhi. This condition is necessary for availing 80% discount for educational Institutes.