 

**Central Instrumentation Facility (CIF)**

**“Facility Requesition Form”**

*(on chargeable basis)*

*Ref:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(offcie purpose only)*  **Date:\_\_\_\_\_\_\_\_\_\_\_**

1. **Sample supplier information**

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Address  |  |
| Institute type | Educational/Industry/MSME/Research Lab/Start up |
| Phone/e-mail |  |
| AAdhar No. |  |

1. **Sample information**

|  |  |
| --- | --- |
| Facility support required |  |
| No. of sample |  |
| Sample codes |  |
| Sample physical state | *Solid/solution/resinous/Suspension/others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Any hazard information  |  |
| Storage information |  |
| Molecular weight if available |  |
| Appearance |  |
| Solubility  |  |
| Others\* |  |

*\*kindly discuss with assigned scientist prior to fill/dispatch sample*

***Signature of the applicant Head of the affiliated Inst./section***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**C) Account information** *(For office use only)*

|  |  |
| --- | --- |
| Account Name |  |
| Account No. |  |
| Bank / IFSC code |  |
| Amount to be charged (+GST) |  |
| Date of receipt  |  |
| Scientist in-charge |  |
| Date of result generation |  |

***Signature of the scientist Accounts section***

***Head in-charge CIF***