FOR OFFICE ONLY

Serial No.:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SHAH-SCHULMAN CENTER FOR SURFACE SCIENCE AND NANOTECHNOLOGY**

**DHARMSINH DESAI UNIVERSITY, NADIAD**

**ANALYSIS REQUEST FORM**

Name of Research Scholar/ Company:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor/Authorized Person:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (& address) of Department/Company:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charged to project/ Complimentary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Use one form for up to five samples

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Type of Analysis & its method/conditions | Sample name and details | No. of samples |
| 1.  2.  3.  4.  5. |  |  |  |

Please provide following information about the samples given for analysis:

1. Hazardous Information:
2. Disposable method after use of samples:

Applicant’s Signature: Approved by HOD/Dean/Authorized

Person:

Office Remarks

Dr. Atindra Shukla

(I/C Director, SSCSSN)