

CSIR - CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE

KARAIKUDI – 630 003

REQUISITION FORM FOR PARTICLE SIZE ANALYSIS

1. Name of the User (Mr. / Ms. / Dr.) :
Designation & Dept./Division
2. Institution / Industry Name and :
Address
3. Email ID :
4. Phone No. / Mobile No. :
5. Purpose : UG/PG/M.Phil Project Work / Ph.D Work / Research
Others (Please mention):
6. Number of Samples :
7. Nature of Samples :
8. Sample requirement : **Liquid 25 ml maximum**
9. Composition of the sample :
10. Sample name & Refractive index
of the sample :
11. Solvent name & Refractive index
of the solvent :
12. Insoluble in (solvent) :
13. Remarks / Special analysis
request, if any :

Certified that the request is for academic / above mentioned purpose. Concessional charges may kindly be collected. Further certified that we will under take guarantee for the payment of concessional charges.

Signature of the User

Signature of the Guide

Signature of the HoD / Principal

Date:

Seal

Charge per sample:

Academic Institution / CSIR Labs [Concessional]	R&D Labs	Industry
` 400 + 18% GST	` 800 + 18% GST	` 1600 + 18% GST