

UNIVERSITY SCIENCE INSTRUMENTATION CENTER
UNIVERSITY OF DELHI
DELHI-110007

Requisition form for sample Analysis

CHNS FACILITY

1. Name of the user/student :
2. Ph. D. registration No. :
(if Ph.D. Student)
3. Name of the Supervisor :
4. Name of the Department :
5. Name of the University/ :
Institution
6. Brief Description of Work :
:
7. No. of samples & sample code :
8. E-Mail ID of User / Supervisor :
9. Contact No. of User/Supervisor :

Date : (User's Signature)

Signature of Supervisor/Head
with seal

- Note : * Please bring powdered sample (properly dried).
* The samples to be processed on the first come first basis
*This request is valid for single use only.

Approved for analysis

Director, USIC

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CHNS Lab

Sample Information Sheet

S.No.	Sample Code	Hygroscopic/Non Hygroscopic	*Approx Percentage Range				
			C	H	N	S	O
1							
2							
3							
4							
5							
6							

Any other information of samples:

If samples are hazardous (give description) Toxic Carcinogenic Infectious Any other hazardous

Use : 1 for 0% --1%, 2 for 1% --2%, 3 for 2% -- 4%,
4 for 4% --50%, 5 for 50% --80%, 6 for > 80%

User's Signature :

User's Name:

Department:

Date :

Note:- CHN Analyser has the capacity to handle both solid and liquid samples, however accessory for liquid samples is not available at present. Anyhow if your research work requires liquid samples to be done, please make a request to Director, USIC in a separate application.