

SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY
DEPARTMENT OF CHEMISTRY

REQUISITION FORM FOR CHNS ANALYSIS

Sr. No. Date:
(Please tick as applicable)

User Type: (i) SLIET (ii) Other Educational Institutions (iii) Industries (iv) R&D Lab

Name & Designation:

Department & University/ Institution/ College

Research Supervisor's Name:

Research Area:

Billing Name & Address:

Phone/Mobile Number:

E-mail Address:

Sample Information

No. of Samples: Sample ID:

Molecular Formula

Percentage (%) of element: C H N S

Sample type: Organic / Inorganic / Biological / Explosive / Volatile /Hygroscopic

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

Sample Quantity: 2-5 mg (dry and finely powdered)

Nature of study: 1. CHN 2. CHNS

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 H.O.D.
(With Official Seal)

Charge per sample:..... No. of Sample: Total Amount:.....

Payment received vides receipt no. (cash/DD in favour of Director, SLIET)

Dated.....

(To be deposited in Account Section)

Incharge
(CHN)