

Centre for Advanced Instrumentation Nirma University, Ahmedabad

Sample Analysis Form for External Users

Date:

USER DETAILS		
Name of the User:		
Category (Academic Institute / R&D Organization / Industry)		
Name of the Institute / Organization / Industry :		
Mobile No. of the User:		
E-mail of the User:		
Complete Postal Address of the User:		
	SAMPL	E DETAILS
Name of the Instrument and Type of Analysis:		
Details of Samples (Status/Preparat	ion/Solubility)*:	
Number of Samples:		
Special Notes / Remarks (if any):		
samples on separate sheet. If the sa	mples are containi	olubility, nature of samples, quality, etc.) related to the ng any toxic/inflammable/hazardous component than it is ner details (if any) along with the samples.
	PAYMEN	VT DETAILS
Total Amount:		
Demand Draft No. & Date:		
Name of Bank & Branch:		
GST No. (only if required to mention on bill)		
We agree to deposit measurement of ame of:	•	quested work. Please send us a receipt for the same on the
Signature of the User		Signature of Head of Organization
	FOR Off	ice Use Only
Request/Requisition No.:	•	
Date of Receipt of Sample		
Signature of Recipient		