

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY NANDED
Central Instrumentation Centre for Multidisciplinary Research and Innovation
(CICMRI)

ANALYSIS REQUEST FORM

User Name: _____

User ID Number: _____

User Email ID: _____

User Mobile Number: _____

User Type: ☐ Scholar ☐ RA/Postdoc ☐ Staff ☐ Scientist ☐ Industry

Institute type: ☐ SRTM University ☐ SRTMUN affiliated colleges

☐ Other University ☐ Research Institute ☐ Industry

Name of Institute/Industry: _____

Address of Institute/Industry : _____

Research Area/Field: _____

Name of the instruments required for your Research work: _____

SAMPLE DETAILS:

No. of Samples: _____

Sample Codes/Names: _____

Sample Nature:

(Organic/Inorganic/Biological/Polymer/ metal complex details, please specify any other details)

Sample Properties:

(Carcinogenic/Non Carcinogenic /Radioactive /Explosive /Toxic /Corrosive/Flammable (Please specify any other)

Stability (Stable/Unstable) : _____

Solubility: _____

SAMPLE IDENTIFICATION /ANALYSIS DETAILS

(Please enter appropriately as per your requirements)

Analysis Fee Details(Attach photocopy of payment receipt):

Fee Amount (Rs.)	Receipt No.	Receipt Date	Bank Name

DECLARATION

I understand that, I will be held responsible for any damages arising from incorrect information provided by me. I agree to acknowledge The Central Instrumentation Centre for Multidisciplinary Research and Innovation (CICMRI), Swami Ramanand Teerth Marathwada University (SRTMU) Nanded for the results included in the publications. I also agree to send the publication reference (Journal name/volume number/names of the authors/date of issue of the publication etc) to CICMRI. I declare that the "Content of this report is meant for our information only and we will not use the content of this report for advertisement, evidence, litigation or quote as certificate to third party". I accept that all the issued reports/results (Soft/hard) will not carry any Signature or Seal and Stamp of CICMRI, SRTMU Nanded.

Supervisor/Project Head Signature
Name:

User Signature

Head of the Institution/Director Signature

Date:

Place:

***Note:**

1. If user is submitting more than one sample with different test procedure than different form of each sample is required.
2. All samples will be discarded within 7 days of analysis. If you wish to collect the samples then you are required to arrange for the same. CIF office will not dispatch the same to users under any circumstances.
3. **Attach a photocopy of your Identity Card and payment receipt to the Registration Form.**

Office Use :

**Director,
CICMRI**