

ANALYSIS REQUISITION FORM FOR INDUSTRIAL USERS

SICART / FORMAT/001

For Office use only Request No.:

Name of User:
Name of Authority:
Name of Section:
Name of Company/ Industry:
Address: _____

To,
Hon. Director
Sophisticated Instrumentation Centre
For Applied Research & Testing (SICART)
Sardar Patel Centre for Science & Technology,
Charutar Vidya Mandal
Vallabh Vidyanagar –388 120

Your Ref. No.:	
Phone:	Fax:
Email:	
Date:	

I / We request you to analyse the samples as per details given below.

Sr. No.	Analysis required or Name of Instruments	Samples Identification and Details of samples *	No. of Samples

(*Note: In order to expedite your analytical work, please provide the information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or your past analytical experience . We will appreciate your cooperation in this matter.). **Please specify nature of your sample, if your submitted sample containing toxic/ flammable/ hazardous component, please attached material safety data and other details (if any) sheet along with the sample.**

Purpose of this analytical Work: _____

I/ We agree to give you charges for our analytical work by Cheque/ RTGS/ NEFT etc. only within a week after receiving the bill. Please send us a bill for the same in the name of: _____

Users Signature:

Forwarded through Head/ Authority of Organization
(With Seal)

Remark for office Use:

Dr. R. H. Parikh
Hon. Director- SICART

Note: This filled form must be accompanied by letter issued by the competent authority on the letter head of the organization