

**Test Request Form****(For Govt. Funded R&D Organization/Startups/Incubates and Academic Institute)**

<b>To,</b> <b>Director, Sophisticated Instrumentation Centre</b> <b>for Applied Research &amp; Testing (SICART), Sardar</b> <b>Patel Centre for Science &amp; Technology,</b> <b>Vallabh Vidyanagar –388 120, Anand, Gujarat</b>	<b>For Office Use Only</b>
	<b>Test Request No.:</b>

Note: Send the hand written/ typed copy of signed and completely filled form to Director, SICART along with samples

**Customer Details**

<b>Name of Customer</b>		<b>Email ID</b>	
<b>Department/ Division/ Institute</b>		<b>Sample Quantity</b>	
<b>Address of Customer</b>		<b>Your Reference No.</b>	
<b>Phone / Mobile No.</b>		<b>Date</b>	

**Samples Details:**

<b>Sr. No.</b>	<b>Name of Sample</b>	<b>Batch No.</b>	<b>A.R. No.</b>	<b>Test Requirement/ Instrument Details</b>	<b>Analytical Method/ Sample Preparation Method</b>	<b>Remark (if any)</b>

(\*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.)

Purpose of this analytical Work:.....

Title of Research Work / Project:.....

**User Signature**  
(Name and Signature)**Teacher / Guide Signature****Forwarded through Principal / Head of Dept..**  
**(With Seal)****For Office Use Only:****Date:****Signature of TM/DTM**

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