

**ANALYSIS REQUISITION FORM FOR ACADEMIC/ R&D INSTITUTION**

SICART / FORMAT/001

<b>For Office use only</b> Request No.:
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Name of User: Faculty/Research Student:  
Name of Research Guide:  
Name of Department/ Institute:  
Name of College / University /  
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**

<b>Your Ref. No.:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Date:</b>	

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

<b>Sr. No.</b>	<b>Analysis required or Name of Instruments</b>	<b>Samples Identification and Details of samples *</b>	<b>No. of Samples</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.). **Please specify nature of your sample, if your submitted sample containing toxic/ flammable/ hazardous component, please attached material safety data sheet and other details (if any) along with the sample.**

<b>Purpose of this analytical Work:</b> _____
<b>Title of Research Work / Project:</b> _____

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:

Faculty / Signature of Guide

Forwarded through Principal/ Director / Head of Department  
(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**