



Office of the Central Research Facility, National Institute of  
Technology Srinagar, J &K, INDIA 190006

**REQUISITION FORM FOR CHNS Analysis (Model Euro vector EA 3000.)**

Name	
Designation	
Department/Institution:	
User Category	Internal/External
Address	
Phone Number and E-mail	
Details of DD in case of External User	

**Details of samples:** Please provide the following details:

S. No.	Sample Name	Nature of samples (Brief Note if Required )
		i) Organic / Inorganic / Biological / Volatile /Hygroscopic
		ii) Radioactive ,Unstable/ Explosive/Fluorine containing

I/we hereby certify that that the research scholar namely \_\_\_\_\_  
En. No. \_\_\_\_\_ is enrolled in \_\_\_\_\_ research programme under my  
guidance/Department. The sample pertains to his own research. The instructions at below  
have been read and will be followed strictly.

**Signature of Research Student**

Date:.....Place:.....

**Signature of Guide/HOD**

**With seal**

**Note:**

1. Only 2 samples per requisition will be accepted.
2. The users shall be allotted the time slots as per the availability. The users will be informed about their date and time of slot by e-mail.
3. The sample should be fresh oven dried and powdered. Sample must be true representative of bulk and weighing at least 5 grams. Only those samples can be analyzed which normally burn.
4. Data will be supplied in the fresh Compact Disc only. Only new CDs will be accepted for data copying.
5. User has to prepare sample and to be present in the laboratory during analysis.
6. The users may acknowledge the NIT Srinagar CHNS facility in their research publication.
7. The amount must be paid through DD, in favor of Director, NIT Srinagar.
8. The soft copy of the requisition form must be submitted in mail to [chns@nitsri.net](mailto:chns@nitsri.net) , [mfwani@nitsri.net](mailto:mfwani@nitsri.net), [marather\\_nit@yahoo.co.in](mailto:marather_nit@yahoo.co.in)
9. No. Refund of analysis charge once deposited will be done.