

Central Analytical Facilities

Form No.: CAF/

Date:

Facility Request Form for external users

User Name
Registration No./ Employee ID **Department**
Name of PI/ Supervisor
Institute Name
Contact No. **Email ID:**

Please tick the analysis, you wish to carry out:

	No. of Samples/Hours		No. of Samples/Hours
<input type="checkbox"/> AAS		<input type="checkbox"/> OCA	
<input type="checkbox"/> FTIR		<input type="checkbox"/> PL	
<input type="checkbox"/> GC		<input type="checkbox"/> TGA	
<input type="checkbox"/> GCMS		<input type="checkbox"/> UV-Vis	
<input type="checkbox"/> HPLC		<input type="checkbox"/> DLS	
<input type="checkbox"/> Zeta			

Experimental parameters:
 Chemical Composition (for DLS & Zeta)
 Sample details (Solid/Liquid/Semi-solid/Viscous/Thin film):
 Sample properties (Hazardous/Corrosive/Flammable/Toxic):
 Sample to be returned after analysis (Yes/No):
If No, please enclose disposal procedure in attachment.

Declaration

- I/We undertake to abide by the safety and precaution guidelines during testing of my/our samples. I/We shall not claim for any damage/harm to my/our samples submitted for the analysis to CAF.
- I/We shall give due acknowledgement to “**Central Analytical Facilities (CAF) at Manipal University Jaipur**”, if the analysis results are communicated for publication/s and inform CAF about the publication/s.

.....
(Signature of User)

.....
(Name & Signature of Supervisor with seal)

For office use only

	Other Academic institutes	Industries
Mode of payment (PoS machine/Paytm/Net Banking)		
Transaction ID/Receipt No.		
Date		

Date of Analysis		No. of Samples	
Analysis performed by			
Net Charges*	₹		

**Charges as per the annexure II*

Scientific Officer

Dy-Director, Research

Director, Research

Central Analytical Facilities

Form No.: CAF/

Date:

Facility Request Form for BET-surface Area

User Name
 Registration No./ Employee ID Department
 Name of PI/ Supervisor
 Institute Name
 Contact No. Email ID:

Experimental parameters required:

No. of Samples:.....
 Sample type (Mesoporous/ Microporous):.....
 Test of Interest (Please tick which applicable):

BET Surface Area (NSA); BET Surface Area (STSA); Langmuir Isotherm; Total Pore volume;
 Average Pore Size; Pore size distribution.

Outgassing Method:

Outgas temperature:

Outgas time:

Note: Sample should be submitted to ensure sufficient quantity for all requested analyses. Approximately 200-500 mg sample is requested.

Declaration

1. I/We undertake to abide by the safety and precaution guidelines during testing of my/our samples. I/We shall not claim for any damage/harm to my/our samples submitted for the analysis to CAF.
2. I/We shall give due acknowledgement to “**Central Analytical Facilities (CAF) at Manipal University Jaipur**”, if the analysis results are communicated for publication/s and inform CAF about the publication/s.

.....
 (Signature of User)

.....
 (Name & Signature of Supervisor with seal)

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	Other Academic institutes	Industries
Mode of payment (PoS machine/Paytm/Net Banking)		
Transaction ID/Receipt No.		
Date		

Date of Analysis		No. of Samples	
Analysis performed by			
Net Charges*	₹		

*Charges as per the annexure II

Scientific Officer

Dy-Director, Research

Director, Research