



SI.No.

Work Order

WO No.:SAIF/.....

Billing Address
.....
.....
Address on Certificate (For Industries only)
.....
.....

Address of applicant :
Mr./Ms/Dr.....
Course of Study / Designation.....
Institution / Organization:.....
City:.....State.....
PIN:..... Contact No:.....
email:.....
Supervisor's Name:.....

SEPARATE SAMPLES AND WORK SHEET IS NEEDED IF MULTIPLE ANALYSIS REQUIRED.

Please Tick the Analysis Technique Required

All Fields are mandatory

NMR		UV-Vis-NIR	FT-IR	TGA-DTA	DSC	ICP-MS	CHNS	SCXRD	PXRD	SEM	HR SEM	HR-TEM
¹ H	¹³ C	Abs		RT to 700° C	RT to 300° C		Mercury Analyzer	CHN	Structure / CIF	Qualitative Phase	EDAX	
DEPT, COSY		Trans.	RT - 1300° C	-50°C to 400°C	Mercury Analyzer	CHN	Low temp	Quantitative Phase	SEM - EDAX	STEM	HR-TEM SAED	
HSBC,HMQC etc		DRS	above 700° C	-100°C to 500°C			Cell Parameters only	Small angle/Temp	EBSD			

Sample Code	Sample Description (Sample Matrix,Molecular Formula, Melting/Boiling Point, Solvent used etc)	Specific Requirements (Analysis Range, Atmosphere,Solvent etc.) Please specify all your requirements clearly. Analysis will be done as per your requirement only	Job No. (for SAIF use only)

**PLEASE ACKNOWLEDGE DST-SAIF, KOCHI, IN YOUR PUBLICATIONS.
FURNISH DETAILS OF PUBLICATIONS OVER EMAIL**

Terms and Conditions

Supervisor's signature and stamp

- All possible care will be taken in handling the samples. We will not be responsible for any damage during transit or handling If analysis cannot be carried out on any sample, the same will be returned to the customer.
- The samples for Thermal Analysis should not contain any halides or nitrates or any kind of explosive materials. If explosion occurs at any instance, it will be the responsibility of the user to suitably compensate STIC for the same.
- Potentially hazardous samples may not be accepted for analysis.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Customers are requested collect the samples in time.
- Any discrepancy in results has to be cleared in a week from date of dispatch of results

I/We agree to the above terms and conditions.

Signature: _____ Name _____ Designation _____ Date _____

For office use only

Date of Analysis:

Total Amount :

Invoice No.

Date of Payment