



Sophisticated Analytical Instruments Facility

STIC, Cochin University P.O., Cochin - 682 022, Kerala

FORM 1

Ver 2.0

Work Order

WO No.:SAIF/.....

Billing Address (official address only)

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.....

.Address on Certificate.....

.....

Name & official address of applicant :

Mr./Ms/Dr.....

.....

.....PIN Code.....

Tel. No.:

e-mail:.....

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-AES	CHNS	SCXRD	XRD	SEM	TEM
¹ H, ¹³ C	Abs		RT to 700° C	RT to 300° C		Mercury Analyzer	CHN	Structure / CIF	Indexing		
DEPT, COSY	Trans.			-50° C to 400° C				Low temp	Qualitative Phase		
HSBC, HMQC etc	Ref.		above 700° C	-100° C to 500° C	GC-MS	Cell Parameters only	Small angle/Temp				

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

- 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 to 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