

**Sophisticated Analytical Instruments Facility  
STIC, Kochi**

**Form 8 Ver1.1**

**Payment Details**

UTR Number/Transaction ID:

Date of transaction

:

Amount:

Name of Applicant:

Bill Address:

Analysis technique/techniques used:

Number of samples for each analysis technique:

Whether Hard copy of the invoice is required:

If yes

Postal address of Applicant (with contact number and pin):

Serial Number:

Ref No: