

| requisition i of in for cample Analysis at Analytical Eas |  |
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| TO |       |  |  |  |  |  | Date: |  |
|----|-------|--|--|--|--|--|-------|--|
|    | <br>_ |  |  |  |  |  |       |  |

Head- Chemical Engineering Department BITS Pilani, Pilani Campus

Subject: Permission to use analytical instrument(s)

Dear Sir/Madam,

I would like to use the facility of analytical lab and the details are furnished below.

| 1 000 | would like to use the facility of analytical lab and the details are farmshed below. |                                     |                                     |               |  |  |  |  |  |
|-------|--|-------------------------------------|-------------------------------------|---------------|--|--|--|--|--|
| SI    | Name of the  | Specification of use for instrument | Sample nature(physical              | Number/req    |  |  |  |  |  |
| No    | Equipment  | (Temp/gas flow/elements to detect   | state/composition/contaminant/etc.) | uired time of |  |  |  |  |  |
|       |  | etc)                                |                                     | Samples       |  |  |  |  |  |
| 1     |  |                                     |                                     |               |  |  |  |  |  |
|       |  |                                     |                                     |               |  |  |  |  |  |
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| 2     |  |                                     |                                     |               |  |  |  |  |  |
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|       |  |                                     |                                     |               |  |  |  |  |  |
| I     |  |                                     | 1                                   |               |  |  |  |  |  |

My details are given below:

| 1117 010101110 0110 01101110 | J. J. T. |                            |  |
|------------------------------|--|----------------------------|--|
| Name/ ID NUMBER              |  | Email ID                   |  |
| Mobile number                |  | Signature of the applicant |  |

Name and affiliation of the Supervisor/Mentor (IN BLOCK LETTERS):

## Signature of the Supervisor

If sample analysis is a part of ongoing sponsored research/ consultancy project, please provide the details (Sponsoring Agency, Title, Amount, and Name of investigators) here:

| For Office use only |  |  |
|---------------------|--|--|

## For Office use only

Remarks of In-charge –Analytical Lab (send this form to Mr. Kuldeep Kumar <u>kuldeep.kumar1@pilani.bits-pilani.ac.in</u>):

Remarks of the Head-Department of Chemical Engineering:



Tel: +91 1596 255224 (O) Fax: +91 1596 244183 (O)

Email: hod.chemical@pilani.bits-pilani.ac.in