



Requisition Form
NANO PLUS-Zeta/Nano particle analyzer
Central Sophisticated Instrumentation Facility (CSIF)
BITS PILANI GOA, NH 17B, Zuarinagar, GOA – 403720, India.

User Name: _____, UIN: _____

Whether sampling modalities & Requirements are discussed with the operator (Y/N): _____

S.No.	Sample id	Description of Sample	Description/Purpose of Analysis
1			
2			
3			

Payment Details:

Mode of Payment & Details: _____

Amount Paid: Rs. _____/-

Date: ____/____/____

Undertaking:

I/We certify that my samples **do not** harm to the personnel or equipment and undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples.

CSIF will not be responsible for any damage/ harm to the sample during sample preparation/analysis and in such cases I/ We agree not to make any claim for such damages.

I/We give due acknowledgement to CSIF, BITS PILANI GOA for providing the technical help in the results so published in journals.

Signature of the user

Signature of the Supervisor/HOD

For Accounts Section:

Amount Received: Rs. _____/-, Voucher No: _____, Date: _____, Signature with Seal