

CHARACTERIZATION REQUEST FORM

Facility: GC: GC-MS: MS:

Date:

Name :
Designation :
Affiliation :
Address for Communication :
Bill to be address to :
Phone Number :
E-mail Address :

Purpose for which the measurement is requested:

(In brief)

DD. No. _____, Date. _____, Amount. _____, Bank

Sample Information for GC-MS

Sample Name & Code: _____

No of Samples [Max 7 Samples per form]: _____

Molecular weight: _____

Melting point: _____ °C (for solids)

Boiling point: _____ °C (for liquids)

Mass range to get measure: _____

Temperature Programming in GC-MS: _____

Method of Purification: _____

Solvent Details (MeOH, Acetone, EtOH): _____

Specify if any metals / metal ions present _____

Please do not submit samples which are toxic, corrosive, explosive and develop vapour Pressure on heating.

Charges for the measurement should be sent through an advance demand draft drawn in favor of "**AMRITA CENTRE FOR RESEARCH AND DEVELOPMENT**" payable at "**KOLLAM**" along with the samples, to the Centre Manager, COE-AMGT, Amrita Vishwa Vidyapeetham, Ettimadai, Coimbatore-112.

As per the guidelines of the Ministry of Human Resource and Development (MHRD), in all publications of research work, where in the analytical services of the COE-AMGT have been made use of, the MHRD and the COE-AMGT shall be duly acknowledged. Also, kindly send us the publication reference (Journal name / volume Number /names of the authors /date of issue of the publication, etc...).

Signature of the applicant

Signature with date and Seal
(HOD/Principal/Guide/Managing Director)