



INTER UNIVERSITY INSTRUMENTATION CENTRE (IUIC)
Mahatma Gandhi University



ANALYSIS REQUEST FORM

HPLC

Name of applicant :

Designation and Address :

Phone No. & Email ID :

Name of the institution :

Name & signature of the Supervisor :
with seal/ Office seal

*Billing address :
*(The provided billing address is final, and cannot be changed.
Collect the hard copy of receipt within 30 days.)*

Title of Research work / project :

Description of sample	Structure and nature of the compounds

Mobile phase: Methanol % Acetonitrile % : Gradient / Isocratic
Water %, Other () %

UV-Visible Data of the samples :

Number of samples :

Date:

Signature of Applicant:

For office use

Name of Analyst:

Permitted by:

Signature:

Date of Analysis:

Consumption of solvents (milli liter)

Methanol Acetonitrile Water Other ()

Consumption of Consumables (Nos)

Syringe filter Micropipette tips

Total fees:

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Instructions

1. The fees for the analysis will be depending on the consumption of the solvents and consumables.
2. The payment received is more than the actual analyses charges incurred, it will not be possible to refund the excess amount paid. However, the excess amount may be adjusted against future analyses by the same user or another user from the same organization following a written request by Email or hard copy.

3. For **HPLC** analysis, *Payments are to be made only money transfer to*

Bank: State Bank of India

Branch: M. G. University Campus Branch

Account Name: Equipment Maintenance Fund (EMF-IUIC)

Account No: 67212747998

IFSC Code: SBIN0070669

4. *The test sample will be discarded one week after the date of analysis. If you need the sample returned, please collect it before then.*

Tariff for Analytical Work

Sl No.	Name of Equipment	For Campus Student	For Researchers outside the Campus from Educational Institution	For Industries
1	High Performance Liquid Chromatography (HPLC)	150 + solvent charges	500 + solvent charges	1000 + solvent charges