INTER UNIVERSITY INSTRUMENTATION CENTRE (IUIC)
Mahatma Gandhi University

REQUEST FOR TOC ANALYZER

Name of the Applicant :

Designation and institutional address :

Phone No. & E-mail :

Name and 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

Nature of sample :

Type of sample : TOC ☐ NPOC ☐

Name of Solvent :

Note :- Minimum 10 ml of Liquid sample is required

For office Use

Date: Permitted by:

Signature of Analyst:

Kindly note the following while submitting the samples

Analysis Charge

Sl No.	Analysis Type	Charges in (Rs)		
		MG University Campus users	For Researchers outside the Campus from Educational Institution	For Industries
1	TOC Analyzer	150	300	1000

Instructions

1. For the analysis, *Payments are to be made only through 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

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