

**REQUISITION FORM**  
**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA, SHILLONG-793003**  
CENTRAL INSTRUMENTATION FACILITY (CIF)  
**ANALYSIS REQUEST FORM-ATOMIC ABSORPTION SPECTROSCOPY (AAS)**

Name of the user:
Email:
Contact No:
Name of the Institute/Organization:
Address of Institute/Organization:

Name of Guide/PI:
Email:
Contact No:

1. **Sample Code/Name:**
2. **Number of Samples:**
3. Analysis required-Qualitative/Quantitative
4. Details of Analysis required (Expected elements):
5. Expected Concentration:
6. Sample Type: Solid (Powder, Pellet, Bulk)/Liquid/\_\_\_\_\_
- Dispersion/Emulsion/Colloidal/Gel/Gas/Oil/Others (Specify):\_\_\_\_\_.
7. **Sample Category:**  
Biological: (Microorganisms/Fungal/Bacterial/Protein/blood/Plasma/Serum/Organs/urine/Stool/Cancerous Cells/Non-Cancerous Cells/PlantExtracts/Marineextracts)/CompositeMaterial/ThinFilm/Metal/Polymer/Environmental/Ceramic/ Others (Specify):\_\_\_\_\_
8. **Description of sample:**
9. **Sample Preparation:** Required (Microwave/Open Vessel/Fusion/Others)/Not required
10. **Acids**  
**Required**(HCl/HNO<sub>3</sub>/HF/H<sub>2</sub>SO<sub>4</sub>/H<sub>3</sub>PO<sub>4</sub>/HClO<sub>4</sub>/H<sub>2</sub>O<sub>2</sub>) If  
Prepared kindly mention the sample processing method:
11. **Sample Nature:**Organic/Inorganic/Magnetic/Non-Magnetic/Anyothercharacteristicnature(Specify):
12. **Volatile organic compound:** Present/Absent/NA:
13. **Sample Properties:** Carcinogenic  
(carcinogenicitylevel)/NonCarcinogenic/Radioactive/Explosive/Toxic/Hazardous/NonHazardous/Corr  
osive/Flammable/Nonflammable/Other(specify):

**14. Health hazards to the operator: Yes/No** (irritant to skin/irritant to eyes/harmful to skin/ toxic if inhaled/toxic if ingested)

**15. Disposal Method of sample:**

**16. Additional information if any:**

**17. All Samples will be discarded within 7 days of analysis. If you wish to collect the samples then you are required to make arrangement for the same. CIF, NITM office will not dispatch the same to users under any circumstances.**

Signature of the User:

Signature of the In Charge/HOD/PI with office seal

Name:

Designation:

Date:

Place:

**18. \*Transaction No. with date:**

**19. \*Amount paid:**

**(a. \*Signed copy of bank transaction record must be submitted along with the application form**

**b. \*Mentioned the amount associated with sample analysis in the transaction copy)**

**Please Note:** Incomplete requisition forms will not be entertained. The full charges have to be paid in advance via online mode to the following account:

**Account Holder Name: NIT Meghalaya CIF**

**Account No.: 7267841597; IFSC Code: IDIB000S660**

**MICR: 793019004**

\*Kindly acknowledge the use of the Facility in your published papers/thesis and send us the citation details.

**Charges (Per Sample): GST @ 18% extra will be charged**

Name of the instrument	Facilities Available	For Educational Institutes (Gov't/Private) of NE region/ <u>Internal Users</u>	For educational institutes (Gov't/Private) of outside NE region	Gov't Organizations/ Laboratories	Private Industries or RD Laboratories
AAS	Element detection	300/-	500/-	700/-	1000/-