

CENTRAL INSTRUMENTATION LAB (CIL) IIMT UNIVERSITY

Instrument Booking Forms

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CENTRAL INSTRUMENTATION LAB (CIL) IIMT UNIVERSITY

O'Pocket, Ganganagar, Mawana Road, Meerut (India) - 250001, Telephone no:

(0121) 2793500-506, Fax no: (0121) 2793600, Email-id: mail@iimtindia.net

Requisition form for UV-VIS Spectroscopy

Date: _____

User Name:

Mobile no. .:

Email ID:

Analysis Purpose:

No. of Samples:

Name of Supervisor:

Department:

User: Internal/External (if internal please speCILy Enrollment ID)

Payment options:

Option 1: Demand Draft

The DD (in favour of IIMT University) is to be submitted in person or by post.

Address: Central Instrumentation Facility (CIL), O'Pocket, Ganganagar, Mawana Road, Meerut
(India) PIN - 250001,
Telephone no:

Option 2: Online transfer

A/C no....

Bank name...

IFSCcode...

UPI/Paytm Details:

Samples to be delivered at:

Central Instrumentation Lab, O'Pocket, Ganganagar, Mawana Road, Meerut (India) – 250001.

Information of samples

Analysis details

S. No.	Sample ID	Nature of sample (e.g., liquid)	Sample Composition	Solubility data	Primary filter	Secondary filter	Information about reference Sample
1							
2							
3							
4							
5							

Note: 5 samples at most may be requested per request form. Please give appropriate handling guidelines if the sample(s) poses a risk to people or equipment. Before delivering your samples for analysis, kindly see CIL for sample/sample preparation. For any additional information, affix an additional sheet.

Undertaking

- I/We agree to follow the safety procedures, industry standards for sample preparation, and safety measures when testing samples. I/We are aware that samples might suffer harm while being handled and analysed. I/We will not make a claim for any sample loss or damage.
- The analysis, interpretation, and publishing of data obtained by the end user are not the responsibility of CIL.
- If the outcomes from CIL instrumentation are included or used in our papers or theses, we agree to mention CIL and IIMTU.
- I/We hereby state that the analysis' findings will not be utilized to resolve any legal disputes.

- In unusual cases, CIL, IIMTU has the right to return the samples without conducting an analysis and will reimburse the analytical fees (after deducting GST).

Name & Signature of the user

Name & Signature of the Guide

Signature of the HOD with stamp

For office use only

Reference no:.....

No. of samples:.....

Sample Receipt no:.....

Samples received date:.....

Samples analysis date:.....

Results delivered date:.....

Name & Signature of operator

Name & Signature of laboratory in-charge

CENTRAL INSTRUMENTATION LAB (CIL)

IIMT UNIVERSITY

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(0121) 2793500-506, Fax no: (0121) 2793600, Email-id: mail@iimtindia.net

Requisition form for Refrigerated Centrifuge

Date: _____

User Name:

Mobile no. .:

Email ID:

Analysis Purpose:

No. of Samples:

Name of Supervisor:

Department:

User: Internal/External (if internal please speCILy Enrollment ID)

Payment options:

Option 1: Demand Draft

The DD (in favour of IIMT University) is to be submitted in person or by post.

Address: Central Instrumentation Facility (CIL), O'Pocket, Ganganagar, Mawana Road, Meerut (India) PIN - 250001,

Telephone no:

Option 2: Online transfer

A/C no....

Bank name...

IFSCcode...

UPI/Paytm Details:

Samples to be delivered at:

Central Instrumentation Lab, O'Pocket, Ganganagar, Mawana Road, Meerut (India) – 250001

Information of samples

Analysis details

S. No.	Sample ID	Nature of sample(e.g., DNA in solution)	Set parameters (e.g., Temperature)	Duration and No. of Process Cycle	Any other Detail
1					
2					
3					
4					
5					

Note: 5 samples at most may be requested per request form. Please give appropriate handling guidelines if the sample(s) poses a risk to people or equipment. Before delivering your samples for analysis, kindly contact CIL for sample/sample preparation. For any additional information, affix an additional sheet.

Undertaking

- I/We agree to follow the safety procedures, industry standards for sample preparation, and safety measures when testing samples. I/We are aware that samples might suffer harm while being handled and analysed. I/We will not make a claim for any sample loss or damage.
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Name & Signature of the user

Name & Signature of the Guide

Signature of the HOD with stamp

For office use only

Reference no:.....

No. of samples:.....

Sample Receipt no:.....

Samples received date:.....

Samples analysis date:.....

Results delivered date:.....

Name & Signature of operator

Name & Signature of laboratory in-charge

CENTRAL INSTRUMENTATION LAB (CIL)

IIMT UNIVERSITY

O'Pocket, Ganganagar, Mawana Road, Meerut (India) - 250001, Telephone no:

(0121) 2793500-506, Fax no: (0121) 2793600, Email-id: mail@iimtindia.net

Requisition form for HPLC

Date: _____

User Name:

Mobile no. .:

Email ID:

Analysis Purpose:

No. of Samples:

Name of Supervisor:

Department:

User: Internal/External (if internal please specially Enrollment ID)

Payment options:

Option 1: Demand Draft

The DD (in favour of IIMT University) is to be submitted in person or by post.

Address: Central Instrumentation Facility (CIL), O'Pocket, Ganganagar, Mawana Road, Meerut
(India) PIN - 250001,
Telephone no:

Option 2: Online transfer

A/C no....

Bank name...

IFSCcode...

UPI/Paytm Details:

Samples to be delivered at:

Central Instrumentation Lab, O'Pocket, Ganganagar, Mawana Road, Meerut (India) – 250001

Information of samples

Measurement details

S. No.	Nature of Sample	Analysis type (Qualitative/Quantitative/ method)	Column Details	Injection volume (µl)	Column Temp. (°C)	Mode of operation (Isocratic /Gradient)	Flow rate (ml/min)	Run Time (Min.)	Mobile phase	Detector UV/VIS, PDA (λmax), RI
1										
2										
3										
4										
5										

Note: 5 samples at most may be requested per request form. Please give appropriate handling guidelines if the sample(s) poses a risk to people or equipment. Before delivering your samples for analysis, kindly see CIL for sample/sample preparation. For any additional information, affix an additional sheet.

Undertaking

- I/We agree to follow the safety procedures, industry standards for sample preparation, and safety measures when testing samples. I/We are aware that samples might suffer harm while being handled and analysed. I/We will not make a claim for any sample loss or damage.
- The analysis, interpretation, and publishing of data obtained by the end user are not the responsibility of CIL.
- If the outcomes from CIL instrumentation are included or used in our papers or theses, we agree to mention CIL and IIMTU.
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Name & Signature of the user

Name & Signature of the Guide

Signature of the HOD with stamp

For office use only

Reference no:.....

No. of samples:.....

Sample Receipt no:.....

Samples received date:.....

Samples analysis date:.....

Results delivered date:.....

Name & Signature of operator

Name & Signature of laboratory in-charge

Annexure-III

CENTRAL INSTRUMENTATION FACILITY (CIL)IIMT UNIVERSITY

O'Pocket, Ganganagar, Mawana Road, Meerut (India) - 250001, Telephone no:

(0121) 2793500-506, Fax no: (0121) 2793600, Email-id: mail@iimtindia.net

ANALYSIS REPORT

Customer Details:

Requisition form ID:.....

Report No:.....

Sample receipt date:

Analysis date:.....

Sample description:

ANALYSIS RESULTS:

Sample ID	Type of Analysis	Findings	Analysis Procedure	Details of Instrument	Analysis Date

Note: CIL will ensure that user IPR is rigorously protected and that data privacy is maintained.

The CIL IIMT University attests that the aforementioned stated results were achieved using techniques suitable for the sample as provided.

All findings are sent to you on a CD or by official mail.

Enclosures: Raw data details.

Operator Details (Name and Signature):

Reviewed and Approved By (Name and signature of laboratory in-charge):

Date: