



SCHOOL OF CHEMICAL SCIENCES
MAHATMA GANDHI UNIVERSITY
Priyadarshini Hills, Kottayam-686560
SAMPLE ANALYSIS FORM

Phone: 0481-2731036

Email: office.scs@mgu.ac.in

Date:

Personal Details*

Name of the Student	
Designation and Official Address	
Email Address:	Mobile No:
Name and Address of Research guide/Supervisor:	
Title of Research Work/ Project	
User Category:	MGU /Other Academic Institution / Industry

Analysis Details*:

SL.No of samples	Sample Code	Instrument/ Analysis	Remarks/Sample details

Payment Details

Receipt No :	Date Of Payment :
Payment Details	
Total Amount	
Billing to (Full Address)*	
Signature of Research Guide/ Supervisor (With Seal)*	

INSTRUCTIONS

1. **Samples and Solvents (if needed) should be submitted along with the prescribed request form duly filled.**
2. **Please write Name of analysis on top of the Courier/ Post to be sent**

Address	Analytical Instrument Technician C/o Professor and Director School of Chemical Sciences MG University P D hills Kottayam
Account Details	Professor and Director, D D F School of Chemical Sciences Acc No : 67011544689 IFSC code : SBIN0070669 Branch : SBI MGU Campus branch