

**SCHOOL OF ENVIRONMENTAL SCIENCES
MAHATMA GANDHI UNIVERSITY
KOTTAYAM – 686 560**

ICP MS SAMPLE ANALYSIS REQUEST FORM

Name			
Address			
Email ID			
Mobile			
Sample details		No. of samples	
Elements required			
Purpose for which measurement is requested (in brief)			
Category (Tick [✓] which ever is applicable)			
Industries <input type="checkbox"/>	Research Institutions <input type="checkbox"/>	Other Educational Institutions <input type="checkbox"/>	
Departments within MG University <input type="checkbox"/>	Colleges Affiliated to MG University <input type="checkbox"/>	Other Educational Institutions <input type="checkbox"/>	
DD No.	Amount	Date	Bank
Name and Signature of the Applicant	Recommendation of Supervising Teacher (Guide)	Name and signature and seal of (HOD/Principal/Guide/Managing Director)	
For office use only			
Please collect Rs..... (In words) being the analysis charge for samples under the category.			
			Lab In-Charge
Approved/Not approved			
Faculty in Charge			