

**SCHOOL OF ENVIRONMENTAL SCIENCES**  
**MAHATMA GANDHI UNIVERSITY, KOTTAYAM – 686 560**  
**TOC ANALYSIS REQUEST FORM**

Name			
Address			
Email ID			
Mobile			
Sample details (Also specify : Solid/Liquid)		No. of samples	
Purpose for which measurement is requested (in brief)			
Category (Tick whichever is applicable) :			
Industries	Research Institutions	Household	
Departments within MG University	Colleges Affiliated to MG University	Other Educational Institutions	
Payment Method		Payment Date	
Payment proof (Transaction id/number/transaction details)			
Name and Signature of the Applicant	Name and signature and seal of (HOD/Principal/Guide/Managing Director)- Only if applicable		
<b>For office use only</b>			
Please collect Rs..... (In words ..... ) being the analysis charge for ..... samples under the .....category.			
Approved/Not approved Faculty in-charge		Lab In-Charge	

Payment details

Bank: State Bank of India

Branch: M. G. University Campus Branch

Account Name: Department Development Fund (DDF), School of Environmental Sciences

Account No: 67000886817

IFSC Code: SBIN0070669