## SCHOOL OF ENVIRONMENTAL SCIENCESMAHATMA GANDHI UNIVERSITY KOTTAYAM – 686 560 WATER OUALITY ANALYSIS REQUEST FORM

Name									
Address									
Email ID									
Mobile									
Sample details (Specify the source)						No. o	f samples		
Parameters required (Tick whichever is applicable)		lness ride nity l Colif oli (sa		be collected in a steril lysis)		If any other parameter please specify:			
Purpose for which measurement is requested (in brief)									
Category (Tick whicheve	er is app	licable	e):						
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					
For office use only  Please collect Rs									
Approved/Not approved Faculty in-charge								Lab In-Charge	