



ANALYTICAL SERVICE REGISTRATION FORM
(SUBMIT IN DUPLICATE)

Name :

Position / Designation :

Organization :

Category : KSCSTE Labs / Edu. Institutions / Govt. R&D Labs / Industry

Email :

Phone :

Postal Address :

.....

Analysis Details

Analysis : GC - MS / HPLC / CHNS / ICP – AES / UV-Vis Spectrometer / Flame Photometer

Analysis charge /sample :

No of Samples :

Amount Rs : Rs.+(18 % Tax) = Total Rs.....

Mode of Payment : Online / DD / Payment at CAI-K, KFRI
 [If online or DD payment, contact CAI-K before making payment]

For DD/Online payment Bank :

DD/Ref # :date.....

Date :

Place :

(Name & Signature)

Recommendation from Head of Department/Institution
 (For Educational Institutions or Students samples)

(Signature with Office Seal)

For Office Use Only:

Ref No. _____

Verified

Scientist, In-charge, CAI-K

Amount Debited to CAI-K A/c.. Receipt No -----date-----

Accountant