



SAMPLE SUBMISSION FORM - CHNS ANALYSIS
(SUBMIT IN DUPLICATE)

Contact Details

Name :

Position / Designation :

Official Billing Address :

Mobile Number :

E-mail Id :

Analysis Details

Sample Origin : Sample Matrix: Solid/ Liquid

Whether previous data/ Literature available: Yes/ No (If yes please provide)

Payment Details (check www.caik.res.in for analytical charges & payment procedures)

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

Analysis charge /sample :

No of Samples :

Amount : Rs. + (18 % Tax)

Total Rs :

Mode of Payment : Online / DD / Payment at CAI-K, KFRI (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 (CAI-K / Accounts Section)

Received date:

Reference No.: ASC.....

Verified

Scientist, In-charge, CAI-K

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

Accountant