

## CENTRE FOR ANALYTICAL INSTRUMENTATION – KERALA (CAI-K) KSCSTE- KERALA FOREST RESEARCH INSTITUTE, PEECHI-680653



-----

## SAMPLE SUBMISSION FORM - HPLC ANALYSIS (SUBMIT IN DUPLICATE)

| Contact Details              |  |                                |                              |
|------------------------------|--|--------------------------------|------------------------------|
| Name                         | ·  |                                |                              |
| Position / Designation       | :  |                                |                              |
| Official Billing Address     | :  |                                |                              |
|                              |  |                                |                              |
| Mobile Number                | :  |                                |                              |
| E-mail Id                    | :  |                                |                              |
| Analysis Details             |  |                                |                              |
| Sample Origin                | :  | Extraction method used:        |                              |
| Type of analysis             | : Scanning/ Quantification   | Solvent Used:                  |                              |
| ·                            | erature available: Yes/ No (If y   |                                |                              |
| Payment Details (check w     | ww.caik.res.in for analytical c  | 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   | t CAI-K, KFRI (Contact CAI-K b | efore making payment)        |
| For DD/Online payment Ba     | ank:   |                                |                              |
|                              | DD/Ref #:  | Date                           |                              |
| Date :                       |  |                                |                              |
| Place :                      |  |                                | (Name & Signature)           |
| Recommendation from Hea      | ad of Department/Institution   |                                |                              |
| (For Educational Institution | s or Students samples)   |                                |                              |
|                              |  |                                | (Signature with Office Seal) |
|                              | For Office Use Only  | y (CAI-K / Accounts Section)   |                              |
| Received date:               |  |                                |                              |
| Reference No.: ASH           |  | Verified                       |                              |
|                              |  |                                | Scientist, In-charge, CAI-K  |
|                              |  |                                |                              |
| Amount Debited to CAI-K      | A/c Receipt No:da  | te:                            |                              |
|                              |  |                                | Accountant                   |