AVANTHA

Avantha Centre for Industrial Research & Development
(Partners in Industrial Progress)
Thapar Technology Campus, Bhadson Road, Patiala-147 004 (India)
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Tel. +91(175) 2393588, 2393590 URL: www.avantharesearch.org

Work Sheet

WO No.: ACIRD/.....
(For ACIRD use only)

Billing Address

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Name & Address of Applicant:

Mr./Ms/Dr.....

.....

***Tel. No.:** .....

***E-mail Id:** .....

SEPARATE WORK SHEET IS TO BE FILLED FOR EACH ANALYSIS TECHNIQUE

Please Tick the Analysis Technique Required **Submit Samples separately for each analysis**

AOX (Organic halogen) Analyzer	( )	Particle Size Distribution Analyzer (Aq. Based)	( )	FTIR	( )	Dynamic Contact Angle	( )
Bomb Calorimeter (GCV)	( )	Particle Size Distribution Analyzer (Oil based)	( )	AAS	( )	Surface Tension	( )
Brightness Tester	( )	UV/Vis Spectrophotometer	( )	GC	( )	Viscosity (Brookfield)	( )
Einlehner Abrasion Tester	( )	Flame Photometer (Na, K)	( )	HPLC	( )	TOC (Chemical method)	( )
Image Analyser	( )						

Total Number of Samples:-.....

Sample Code	Sample Description (Nature of Sample/Molecular Formula, Melting/Boiling Point, Solvent used etc)	Specific Requirements (Analysis Range, Atmosphere, Solvent etc.)	Job No. (for ACIRD use only)

Mandatory Fields

. All possible care will be taken in handling the samples. We will not be responsible for any damage during transit or handling.
. If analysis cannot be carried out on any sample, the same will be returned to the customer.
. Potentially hazardous samples may not be accepted for analysis.
. Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Customers are requested to collect the samples in time.
. Payment should be made in advance.
. Payment should be made by online in favour of Avantha Centre for Industrial Research & Development, Patiala.

I/ We agree to the above terms and conditions.

Name of Applicant_____Signature_____Faculty/Student (PhD/ Masters)_____Date_____

Research Supervisor_____Signature _____Designation_____Date_____

Recommendation of Competent Authority

Recommended that the analysis of samples be carried as per terms & condition mentioned above		
Name of the Institution/ Industry:		
Name of the Head/ Competent Authority:		Designation:
Department/ School:	Signature:	Date:

For office use only

Date of Analysis: _____. Total Amount: _____. Invoice No. _____.

Date of Payment: _____. Mode of Payment: _____. Transaction details: _____.