



BITS Pilani
K K Birla Goa Campus

Central Sophisticated Instrumentation Facility (CSIF)

Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus

&

BITS BioCyTiH Foundation (A section 8 company)



REQUISITION & PAYMENT FORM **(Zeta/ Particle Size Analysis)**

Model: Nano Plus Auto Titration (AT)

User Name: Unique ID (UIN):

Department: University / Institution:

Email Address: Contact Phone/Mobile No:

SAMPLE INFORMATION

Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....

| S. No. | Sample ID | Description of Samples | Name of the solvent dispersion | Purpose of Analysis DLS/ ZETA |
|--------|-----------|------------------------|--------------------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |

Please provide any other important information on a separate sheet (e.g. toxic samples)

PREFERRED SLOT TIMING:

I certify that my samples **do not** present any danger to the personnel or equipment and **I have provided the appropriate handling instructions for safety to the operator before analysis.** I hereby declare that no radioactive sample has been forwarded for analysis.

I/We shall acknowledge the CSIF, BITS PILANI, K K Birla Goa Campus while publishing/reporting the results in journals/conferences or elsewhere.

PAYMENT DETAILS

| S.No. | Nature of Analysis* | Rate | Number of samples | Total |
|--------------|---------------------|------|-------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Payment Details:

Source of funding & Details: _____

Total Amount Paid to BITS BioCyTiH Foundation: Rs. _____ /- Date: ____ / ____ / ____

User with date

HOD/Supervisor/PI

Technical In-charge

Accounts Office