NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for CHNS Analyzer

Type of User: NITW / External Academic / Industrial Date:

Name of the user:	Name of the Supervisor /PI:
Department:	Email:
Institute / Industry	Contact No:
Address of the Institute: Email: Contact No.:	

Sl. No.	Sample Code	Sample Type (L/P)	Expected percentage (%) C	H	N	S	Elements Present
1							
2							
3							
4							

NOTE: 1. for good result ensure that the samples are dry and pure
2. Powder samples quantity must be 10-15mg

Please fill in appropriate numbers in the NFPA diamond according to the S.No. above (Refer the image at the end of

1  2  3  4 

i. **Sample Properties:** Carcinogenic(carcinogenicity level_) / Non Carcinogenic Radioactive / Explosive/ Toxic/ Corrosive / Flammable/ Non-flammable/ Others (Specify)
ii. **Whether incompatible with any material** : Yes/No (Specify the materials)
iii. **Toxicity:** Hazardous / Non Hazardous
iv. **Health Hazards:** Yes/No (irritant to skin/ irritant to eyes/ harmful to skin/ toxic if inhaled/ toxic if ingested)
v. **First aid measures:** Eyes/ Skin/Inhalation/Ingestion/Others(specify)
vi. **Disposal Methods of the sample:**
vii. **Additional information if any:**



I confirm that the samples submitted for analysis are for research purpose only and the above furnished details are correct and true to the best of my knowledge. I understand that I will be held responsible for any damages arising from incorrect information provided by me against the safety declaration points (**i** to **vii**).

I agree to acknowledge Central Research Instrumentation Facility (CRIF), NIT Warangal for providing (Instrument) analytical facility for my research work, in my publication. I also agree to send the publication reference to crif_head@nitw.ac.in (Journal name/ Volume number/ Names of the authors/ Date of issue of the publication).

Important Instructions:

- Continuous slot booking is not allowed; all users have equal priority.
- The slot will be cancelled if the user is absent at the allotted time.

For tariff details Scan here

Signature of the User
Date:

Signature of the Supervisor with stamp
Date:

A total amount (Including 18% GST) of ₹_____/- (In words_____ only) towards testing of all the above samples shall be paid from the DOC of our department to the F590 account.

Signature of the HOD with Stamp/Seal
Date: