



ADICHUNCHANAGIRI UNIVERSITY

CORMIL

Abbemat 300 Automatic Refractom

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate CORMIL for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY

CORMIL

Bio Vis Particle Size Analyzer

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

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- Please provide Acknowledgment to our lab in your research paper.

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Applicant Signature

Signature
Head of the Institution with Seal

Date:

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Remarks :



ADICHUNCHANAGIRI UNIVERSITY

AIMM

Chemidoc

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

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- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY

CORMIL

CI Surface and Interfacial Tensiometer

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
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- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

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Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Compression Molding
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Compression Molding working Range: Temperature: 400°C

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY

CORMIL

Contact Angel Measurement

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate CORMIL for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
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Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

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FOR OFFICE USE ONLY

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Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Fluorometer

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
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- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
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Applicant Signature

Signature
Head of the Institution with Seal

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Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)
Fourier-Transform Infrared Radiation Spectroscopy (FTIR)
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Measurement Scan Range Available: [400 cm⁻¹-4000 cm⁻¹], Mode of Analysis: KBR Disc

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Scan Range	Measurement Type Absorbance/Transmittance	Cumulative Composition of Elements

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).



For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- Samples should be in dry condition. The quantity of powder sample must be up to 5-10 mg.
- No analysis or interpretation of data will be done ACU CRI Scientific officer.
- Bring **ONLY FRESH CD** for collection of data (Used CDs or PEN DRIVES are not allowed). Time period is around 5 to 10 days from the receipt of payment and based on the number of samples in the queue.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:



FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Gel Documentation
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Gel Doc Light Source: TRANS UV, PREP UV, EPI WHITE, TRANS WHITE

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Specify the Light Source

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

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- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
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Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)
High-Performance Liquid Chromatography (HPLC)
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Column Available: Analytical Column

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Cumulative Composition of Elements (Sample Description)

Chromatographic Conditions:

Isocratic or Gradient, if gradient then provide gradient program (in separate sheet)	
Mobile Phase Composition:	A.) Water B.) Acetonitrile or Methanol (HPLC grade)



Column Stationary Phase:	C18 (Particle size 3.5 microns)
Detection Wavelength(s)	_____nm; Flow rate:_____mL/min.
Any other information:	

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples: – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- No analysis or interpretation of data will be done ACU CRI Scientific officer.
- Bring ONLY FRESH CD for collection of data (Used CDs or PEN DRIVES are not allowed). Time period is around 5 to 10 days from the receipt of payment and based on the number of samples in the queue.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature



Signature

Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY

AIMM

Immuno-Fluorescence Microscope

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

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- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Impact Testing

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Izod and Charpy Test: Available Loads: 2J, 4J, 7.5J, 15J, 25J

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

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- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY

CORMIL

Laboratory Density Meter

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

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- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Lyophilizer

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Deep Freezer working Range: Temperature: -50°C, Vacuum limit: 0.01mbar

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Duration of Lyophilization (Time)

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

**Terms and Conditions:**

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY

CORMIL

Pico pH/Conductivity Meter

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate CORMIL for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

**Signature
Head of the Institution with Seal**

Date:

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ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Powder X-ray Diffraction
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type: Powder

Scan: 1-D Scan

Measurement Angle Range Available 2 θ : [10°-70°]

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Range 2 θ	Scan Speed	Cumulative Composition of Elements

For all the samples provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

- Please confirm the availability of Instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- Only powder samples are accepted for X ray powder diffraction analysis.
- Samples should be in dry condition. The quantity of powder sample must be up to 5-10 mg.
- No analysis or interpretation of data will be done ACU CRI Scientific Officer.
- Bring **ONLY FRESH CD** for collection of data (Used CDs or PEN DRIVES are not allowed). Time period is around 5 to 10 days from the receipt of payment and based on the number of samples in the queue.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research work.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

Signature

Head of the Institution with Seal

Date:

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Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)
RT PCR
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name:

Sample Type:

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

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Applicant Signature

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Head of the Institution with Seal

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Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

Universal Testing Machine
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Tension and Compression Test: Available Loads 5KN & 10KN

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Sample Details

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	

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Signature of Guide/Supervisor with Seal

Applicant Signature

Signature
Head of the Institution with Seal

Date:

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Operator :

Remarks :



ADICHUNCHANAGIRI UNIVERSITY
CENTRE FOR RESEARCH AND INNOVATION (ACU-CRI)

UV-Visible Spectrophotometer
(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

Contact & Billing Address:

E-Mail:

Mobile No:

Sample Name (Chemical Formula):

Sample Type:

Measurement Scan Range Available: [800nm-200nm]

Please Specify the following Parameters about your Sample:

Sl. No	Sample code	Sample is toxic/ Non toxic	Scan Range	Measurement Type Absorbance/Transmittance /Diffuse Reflectance(DRS)	Cumulative Composition of Elements

For all the samples, provide details such as volatility, hazardous behaviour, toxicity, radioactivity, carcinogenic nature. Also mention the precautions to be taken by the operator.

For ACU Samples – No payment (has to bring your own consumables required).

For Non ACU Samples:

Total Amount	
Payment Reference No. and Date	



Terms and Conditions:

- Please confirm the availability of instrument slots with the operator before making Payments for analysis, the amount paid will not be refunded back.
- **Radioactive/Explosive/Unstable** samples are **NOT** acceptable for analysis. If explosion/any toxic behaviour of sample is found at any instance, it will be the responsibility of the user to suitably compensate ACU-CRI for the same.
- No analysis or interpretation of data will be done ACU CRI Scientific officer.
- Bring **ONLY FRESH CD** for collection of data (Used CDs or PEN DRIVES are not allowed). Time period is around 5 to 10 days from the receipt of payment and based on the number of samples in the queue.
- Please mention if the samples are to be returned after analysis. The samples may be stored only for a week. Users are requested collect the samples in time.
- Please provide Acknowledgment to our lab in your research paper.

Name and Designation of Guide/Supervisor: _____

Signature of Guide/Supervisor with Seal

Applicant Signature

**Signature
Head of the Institution with Seal**

Date:

FOR OFFICE USE ONLY

Reference No & Date :

Operator :

Remarks :