

CORMIL

Abbemat 300 Automatic Refractom

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	il:	Mobile No:				
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	out your Sam	ple:	
	Sl. No	Sample code	Sample is toxic/ Non toxic		Sample Details	
	_	oles, provide details su ture. Also mention tl		• .	s behaviour, toxicity, radioactivity by the operator.	
	_	les – No payment (ha	_		-	
For No	on ACU S	amples:			-	
		Total Amount				
	Payment	t Reference No. and	Date			



- 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/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



CORMIL

Bio Vis Particle Size Analyzer

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	Tail: Mobile No:					
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	ut your Sam	ple:	
	Sl. No	Sample code	Sample is toxic/ Non Sample Details toxic			
	-	lles, provide details st ture. Also mention tl		• .	s behaviour, toxicity, radioaction by the operator.	vity,
	_	les – No payment (ha	_		-	
For No	on ACU S	amples:				
		Total Amount				
	Payment	t Reference No. and	Date			



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Reference No & Date	:	
Operator	:	
Remarks	:	



AIMM

Chemidoc

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	il:]	Mobile No:	
Samp	le Name:					
Samp	le Type:					
Please	e Specify	the following Para	meters abo	out your Sam	ple:	
	Sl. No	Cl l-	C1- :		Committee Date Sta	
	S1. NO	Sample code		s toxic/ Non oxic	Sample Details	
			1			
	_	les, provide details su ture. Also mention th		• .	s behaviour, toxicity, radioactive by the operator.	ity,
		les – No payment (ha	-		-	
	on ACU S				- · ·	
		Total Amount				
Payment Reference No. and Date						



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Signature Head of the Institution	with Seal	Date:
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Operator	:	
Remarks	:	



CORMIL

CI Surface and Interfacial Tensiometer

Name o	of the Ap	piicant:				
Name o	of Institut	tion/Industry:				
Contact	t & Billin	ng Address:				
E-Mail:	:]	Mobile No:	
Sample	Name:					
Sample	Type:					
Please	Specify t	the following Para	meters abo	ut your Sam	ple:	
Г	GI II					
	Sl. No	Sample code	_	s toxic/ Non oxic	Sample Details	
	_	les, provide details su ure. Also mention tl			s behaviour, toxicity, radioacti by the operator	vity
		es – No payment (ha				
	n ACU Sa		** ** ********************************	001 011 11 0011		
		Total Amount				
	_					
]	Payment	Reference No. and	Date			



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Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



Compression Molding

Name of the	e Applican	ıt:				
Name of Institution/Industry:						
Contact & I	Billing Ado	dress:				
E-Mail:				1	Mobile No:	
Sample Name (Chemical Formula):						
Sample Typ	e:					
Compression	n Molding	g working Ran	ige: Temper	rature: 400°C		
Please Spec	cify the fo	llowing Parai	meters abo	ut your Sam	ple:	
Sl. N	lo Sa	ample code	Sample is toxic/ Non toxic		Sample Details	
			-	UAIC		
				• .	s behaviour, toxicity, radioactiv by the operator.	vity,
For ACU Sa	amples – N	o payment (ha	ıs to bring y	our own consu	umables required).	
For Non AC	U Samples	s:				
	Total	Amount				
Payment Reference No. and Date						



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Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
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Reference No & Date	:	
Operator	:	
Remarks	:	



CORMIL

Contact Angel Measurement

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Contac	ct & Billi	ng Address:				
E-Mai	1:			I	Mobile No:	
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	ut your Sam	ole:	
i	CI NI		G 1 :	- 4 • / N T	C I D ()	
	Sl. No	Sample code		s toxic/ Non oxic	Sample Details	
	_	oles, provide details su ture. Also mention th		• .	s behaviour, toxicity, radioac by the operator.	tivity
	_	les – No payment (ha	_			
For No	on ACU S	amples:			-	
		Total Amount				
	Payment	t Reference No. and l	Date			



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Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



Fluorometer

Name	of the Ap	plicant:				
Name	of Institut	tion/Industry:				
Conta	ct & Billin	ng Address:				
E-Mai	il:			ľ	Mobile No:	
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	ut your Samj	ole:	
	Sl. No	Sample code	Sample is toxic/ Non toxic		Sample Details	
				OAIC		
	-	· •		• .	s behaviour, toxicity, radioacti	vity,
	_	ture. Also mention the es – No payment (ha	_		-	
	on ACU Sa		is to bring y	our own consu	mables requireu).	
		Total Amount				
	Payment	Reference No. and	Date			



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	FOR OFFICE USE ONL	Y	
Reference No & Date	:		
Operator	:		
Remarks	:		



Fourier-Transform Infrared Radiation Spectroscopy (FTIR)

(Maximum 5 Samples per Form)

Sample is tayie	Maaguramant Type	Cumulativa Campositia
Please Specify the following Parame	ters about your Sample:	
Measurement Scan Range Available	: [400 cm ⁻¹ -4000 cm ⁻¹], Mode of Analys	is: KBR Disc
Sample Type:		
Sample Name (Chemical Formula):		
E-Mail:	Mobile No:	
Contact & Bining / Radiess.		
Contact & Billing Address:		
Name of Institution/Industry:		
Name of the Applicant:		

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	

- 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 :



Gel Documentation

Name of the	Applicar	ıt:				
Name of Ins	stitution/Ir	ndustry:				
Contact & B	3illing Ad	dress:				
E-Mail:					Mobile No:	
Sample Nan	ne (Chem	ical Formula):				
Sample Typ	e:					
Gel Doc Lig	ght Source	: TRANS UV, P	'REP UV	', EPI W	VHITE, TRANS WHITE	
Please Spec	rify the fo	ollowing Parame	eters abo	ut youi	r Sample:	
	Sl. No	Sample code	Sam	ple is	Specify the Light Source	1
	Die 110	Dampie coal	toxic	/ Non xic	Specify the Light Source	
			toz	<u>XIC</u>		-
		-				-
						-
				-		1
						1
					zardous behaviour, toxicity, be taken by the operator.	radioactivity,
For ACU Sa	mples – N	lo payment (has to	o bring y	our owi	n consumables required).	
For Non AC	'U Sample	:s:				
	Total	l Amount				
Pavn	nent Refer	rence No. and Dat	te			



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Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ON	LY
Reference No & Date	:	
Operator	:	
Remarks	:	



High-Performance Liquid Chromatography (HPLC)

Name of t	the Applicant:				
Name of 1	Institution/Indus	stry:			
Contact &	Billing Addres	s:			
E-Mail:			Mobile No:		
Sample N	Tame (Chemical	Formula):			
Sample T	ype:				
Column A	Available: Anal	lytical Column			
Please Sp	ecify the follow	ving Parameters abou	ut your Sample:		
G		Sample is toxic/ No	on Cumulative Composition of Elements		
Sl. No	Sample code	toxic	(Sample Description)		
Chromat	ographic Cond	itions:			
	or Gradient, if g program (in sep	gradient then provide arate sheet)			
Mobile P	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.

nide/Supervisor:
nide/Supervisor:

Signature of Guide/Supervisor with Seal

Applicant Signature



Signature

Head of the Institution	Date:	
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



AIMM

Immuno-Fluorescence Microscope

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	1:			ľ	Mobile No:	
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	ut your Samj	ole:	
	Sl. No	Comple and	Sample :	a torio/ Non	Comple Details	
	S1. INO	Sample code		s toxic/ Non oxic	Sample Details	
	_	les, provide details su ture. Also mention th		• .	s behaviour, toxicity, radioact by the operator.	tivity,
	O	les – No payment (ha	-		• •	
For No	on ACU S	amples:				
		Total Amount				
	Payment	t Reference No. and	Date			



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Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution with Seal		Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



Impact Testing

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	1:]	Mobile No:	
Sampl	e Name (Chemical Formula):	:			
Sampl	e Type:					
Izod a	nd Charp	y Test: Available Lo	oads: 2J, 4J,	7.5J, 15J, 25	J	
Please	Specify	the following Para	meters abo	ut your Sam	ple:	
	Sl. No	Sample code	Sample is toxic/ Non S		Sample Details	
	-	lles, provide details su ture. Also mention th		• .	s behaviour, toxicity, radioactively by the operator.	rity,
For A	CU Sampl	les – No payment (ha	as to bring y	our own consi	ımables required).	
For No	on ACU S	amples:				
		Total Amount				
	Payment	t Reference No. and	Date			



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Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



CORMIL

Laboratory Density Meter

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	1:			N	Mobile No:	
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	ut your Samp	ole:	
	Sl. No	Comple and	Complet	a taria/ Nan	Comple Details	
	S1. INO	Sample code		s toxic/ Non oxic	Sample Details	
	_	les, provide details su ture. Also mention th		• .	s behaviour, toxicity, radioact by the operator.	tivity,
	O	les – No payment (ha	-		• •	
For No	on ACU S	amples:				
		Total Amount				
	Payment	t Reference No. and	Date			



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Signature Head of the Institution	with Seal	Date:
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Reference No & Date	:	
Operator	:	
Remarks	:	



Lyophilizer

Name of th	e Applicar	nt:				
Name of In	stitution/I	ndustry:				
Contact &	Billing Ad	dress:				
E-Mail:	E-Mail: Mobile No:					
Sample Na	me (Chem	ical Formula):				
Sample Ty	pe:					
Deep Freez	zer working	g Range: Temper	rature: -5	0°C, Va	acuum limit: 0.01mbar	
Please Spe	cify the fo	ollowing Parame	ters abo	ut your	: Sample:	
	Sl. No	Sample code	toxic	ple is / Non	Duration of Lyophilization (Time)	
			tox	xic		-
						-
						_
						-
						-
				• .	ardous behaviour, toxicity, taken by the operator.	- radioactivity,
For ACU S	amples – N	o payment (has to	o bring y	our owr	n consumables required).	
For Non A	CU Sample	s:				
	Total	l Amount				
Pav	ment Refe	rence No. and Dat	te			



- 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 provide Acknowledgment to our lab in your research paper.

Name and Designation of	f Guide/Supervisor:	
Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ON	LY
Reference No & Date	:	
Operator	:	
Remarks	:	



CORMIL

Pico pH/Conductivity Meter

Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	il:			I	Mobile No:	
Sampl	le Name:					
Sampl	le Type:					
Please	e Specify	the following Para	meters abo	ut your Sam	ple:	
	Sl. No	Sample code	Sample is toxic/ Non Sample Details toxic			
	-	les, provide details si ture. Also mention tl		• .	s behaviour, toxicity, radioactively the operator.	vity,
	_	les – No payment (ha	_		_	
	on ACU S				- ·	
		Total Amount				
	Payment	t Reference No. and	Date			



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Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
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Operator	:	
Remarks	:	



Powder X-ray Diffraction

Name	of the Applicar	nt:				
Name	of Institution/I	ndustry:				
Conta	ct & Billing Ad	dress:				
E -Mai	l:				Mobile 1	No:
Sampl	e Name (Chem	ical Formula):				
Sampl	e Type: Powde	r				
Scan:	1-D Scan					
Measu	rement Angle	Range Available 2	θ: [10°-7	70°]		
Please	Specify the following	lowing Parameter	s about y	youi	Sample:	
Sl. N	Sl. No Sample code Sample is toxic/Non toxic		Range 20		Scan Speed	Cumulative Composition of Elements
		rovide details such so mention the pred		•		 ehaviour, toxicity, radioactivity operator.
For AC	- CU Samples – No	payment (has to bi	ring your	owi	n consumables	required).
For No	on ACU Samples	:				
	To	tal Amount				
	Payment Re	ference No. and Dat	te			



- 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.
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Signature Head of the Institution	with Seal	Date:
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Operator	:	
Remarks	•	



Name	of the Ap	oplicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billi	ng Address:				
E-Mai	il:]	Mobile No:	
Samp	le Name:					
Samp	le Type:					
Please	e Specify	the following Para	meters abo	ut your Sam	ple:	
	Sl. No	Sample code	Comple	s toxic/ Non	Sample Details	
	SI. NU	Sample code	_	oxic	Sample Details	
	-	lles, provide details si ture. Also mention tl		• .	s behaviour, toxicity, radioactively by the operator.	vity,
For A	CU Sampl	les – No payment (ha	as to bring y	our own const	ımables required).	
For N	on ACU S	amples:				
Total Amount						
Payment Reference No. and Date						



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Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONL	Y
Reference No & Date	:	
Operator	:	
Remarks	:	



Universal Testing Machine

Name	of the Ap	plicant:				
Name	of Institu	tion/Industry:				
Conta	ct & Billiı	ng Address:				
E-Mai	il:]	Mobile No:	
Samp	le Name (Chemical Formula):				
Samp	le Type:					
Tensio	on and Co	mpression Test: Av	ailable Loa	ds 5KN & 10	KN	
Please	e Specify	the following Para	meters abo	ut your Sam	ple:	
	Sl. No	Sample code	Sample is toxic/ Non toxic		Sample Details	
	_	les, provide details su ture. Also mention th		• .	s behaviour, toxicity, radioactiv by the operator.	ity
For A	CU Sampl	es – No payment (ha	s to bring y	our own consi	ımables required).	
For N	on ACU Sa	amples:				
		Total Amount				
	Payment	Reference No. and l	Date			



- 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/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks	:	



UV-Visible Spectrophotometer

(Maximum 5 Samples per Form)

Name of the Applicant:

Name of Institution/Industry:

•	Contact & Bill	ling Address:				
]	E-Mail:			Mobile No:		
9	Sample Name	(Chemical Form	nula):			
\$	Sample Type:					
I	Measurement	Scan Range Av	ailable: [800	nm-200nm]		
J	Please Specify	the following P	arameters ab	out your Sample:		
	ı					
Sl. No	Sample code	Sample is toxic/ Non toxic	Scan Range	Measurement Type Absorbance/Transmittance /Diffuse Reflectance(DRS)	Cumulative of Elements	Composition
				tility, hazardous behaviour, to ions to be taken by the operat		ctivity,
	<u> </u>		-	your own consumables requi		
	For Non ACU S		` 5	•	,	
		Total Amount				
-	Paymen	t Reference No. a	and Date			



- 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	f Guide/Supervisor:	
Signature of Guide/Sup	ervisor with Seal	Applicant Signature
Signature Head of the Institution	with Seal	Date:
	FOR OFFICE USE ONLY	
Reference No & Date	:	
Operator	:	
Remarks		