

CHARACTERIZATION & MEASUREMENTS LAB

CECRI KARAIKUDI - 630 006.

Requisition For Analysis : CHNS

Date:

- 1) Name & Designation of the Indentor :
- 2) Phone No :
- 3) Section / Division :
- 4) Project Title & No. :
- 5) No. of. Samples :
- 6) Brief description of the sample : Synthetic / Biological /
Naturally Occurring
- 7) Nature of the sample : Solid / Liquid

Signature of the Indentor

Signature of Division Head
/ Project Leader

C&M Lab Ref. No.

: CML/CHNS/I/

Remarks:

Signature of the
Analysis In-charge

Received the Results
Signature:

Signature of Head C&M Lab