

LASER PARTICLE SIZE ANALYZER
ANALYSIS REQUEST FORM
DST-PURSE Laboratory, Mangalore University

Name of applicant:

Name of the Supervisor:

Name of the institution:

Address:

Tel. no.:

E-mail:

Billing address (for Non-Mangalore University customer):

Sample Details:

Sample ID (Alphanumeric):

- | | | | |
|-----|----|----|----|
| 1) | 2) | 3) | 4) |
| 5) | 6) | 7) | 8) |
| 10) | | | |

Stability:

Storage (Only at room temp.): 25 °C - RT

Toxicity issues:

Solution samples: YES/NO

Concentration (mg) & Volume (ml) of sample:Solvent(s):

Dry samples: YES/NO

Amount submitted (g):

Analysis Requirements: (please tick appropriate boxes)

Particle size distribution

*Particle shape/morphology

* Only for size > 20micron

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangothri- 574199.
2. For each publication shall carry the following acknowledgement: “This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangothri”. In addition, if we receive help from instrument incharge, the same will be acknowledged suitably, either in the acknowledgement or as a co-author.

Signature (Candidate)

Signature and Seal (Supervisor)

*Signature and seal
(Chairman/ Head of the
department)*

FOR OFFICE USE ONLY

Accepted date	Operator	Payment details	Comments

Signature and Seal (Scientific Officer)