

INTERNATIONAL RESEARCH CENTRE – DST SEED RESEARCH LAB

REQUISITION FORM FOR THERMO GRAVIMETRIC ANALYSER (TGA)

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| --- | --- |
| **Name of Applicant (Dr. /Mr. / Ms.) :** |  |
| **Designation :** |  |
| **Department :** |  |
| **Name of the Institution and Address :** |  |
| **Email ID :** |  |
| **Mobile number / Phone number :** |  |
| **Purpose :**  | **(UG/PG/Project work/Ph.D. work/Research)** |
| **Number of samples :** |  |
| **Details of the samples :** |  |
| **Temperature Range (Room Temp. to 1000℃) :** |  |
|  |  |
| **DD/Receipt details and date :** |  |

Certified that the above request is for academic purpose and the charges may kindly be collected accordingly.

Signature of the Applicant Signature of the Research Supervisor /

Head of the Department/ Principal with office seal

Date:

Note: Samples should be accompanied with demand draft for Rs.500/- drawn in favour of “The Vice- Chancellor, Kalasalingam University” payable at Rajapalayam. The recorded data will be sent through email.

Contact: Dr.M.Murali/Lab In charge (Mail Id: m.murali@klu.ac.in)