



SAMPLE SUBMISSION FORM FOR ICP-OES ANALYSIS
(SUBMIT IN DUPLICATE)

Contact Details

Name :

Position / Designation :

Official Billing Address :

Mobile Number :

E-mail Id :

Analysis Details

Sample Origin : Elements required :

Whether the sample require Microwave digestion : Yes/ No

Payment Details (check www.caik.res.in for analytical charges & payment procedures)

Category : KFRI / KSCSTE Labs / Edu. Institutions / Govt. R&D Labs / Industry/ General public

Analysis charge /sample :

No of Samples (ICP-OES) :

No of Samples (MD) :

Amount (ICP-OES) : Rs. + (18 % Tax)

Amount (MD) : Rs. + (18 % Tax)

Total Rs :

Mode of Payment : Online / DD / Payment at CAI-K, KFRI (Contact CAI-K before making payment)

For DD/Online payment Bank:

DD/Ref #: Date

Date :

Place :

(Name & Signature)

Recommendation from Head of Department/Institution

(For Educational Institutions or Students samples)

(Signature with Office Seal)

For Office Use Only (CAI-K / Accounts Section)

Received date:

Reference No.: ASI.....

Verified

Scientist, In-charge, CAI-K

Amount Debited to CAI-K A/c Receipt No:date:

Accountant