

Central Instrumental Research Facility (CIRF)

Amity University Haryana

Requisition Form for use of Facility (AUH only)

Name of Chief Investigator:

Name of Analysis:.....

Sample Information:

Sample ID:.....No. of Samples:.....

Storage Condition: (RT,4°C'(-)20°Cetc).....Nature of Sample (Hazard/Toxicity).....

1. Project details of PI from where funds will be transferred

Name of Project PI

Project Reference No.....under the funding agency.....for the financial year 20....

OR

2. For Non Project Holder PI:-

BANK ACCOUNT DETAILS

INSTITUTION ACCOUNT NAME (AS PER BANK RECORD)	AMITY UNIVERSITY HARYANA
ACCOUNT NO.	910010023405214
IFSC CODE	UTIB0000720
BANK NAME(in full)	AXIS BANK LTD
BRANCH NAME	MANESAR(HR) MANESAR
COMPLETE BRANCH ADDRESS	MANESAR(HR) SHOP NO. 34 TO 39 & 64 TO 66,66A,66B,67 TO 69 TOWER J, SECTOR-2 IMT MANESAR, MANESAR 122050
MICR NO.	110211062
ACCOUNT TYPE	SAVING

Signature of User

Signature of CIRF Instrument In-charge

Signature of HOD

For Office Use Only:

Deposit Amount:

Details of Sample:

Signature of Depositor:

Important Note: Kindly consult CIRF staff for sample/sample preparation before bringing your samples for analysis.