



WAZED MIAH SCIENCE RESEARCH CENTRE (WMSRC)
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MICROANALYSIS APPLICATION FORM

Researcher/Client Information:	Researcher's Sample Identification:
Name of investigator/ Graduate Student _____	Sample Number(s) _____
Department/Center _____	Total number of samples _____
Mobile No _____	Maximum of samples per request: 10
Phone No (Off.) / Email address _____	Sample(s) sealed: Yes/ No

Elements for Analysis:

(Use a tick sign (✓) in appropriate box)

<input type="checkbox"/> Carbon (%)	<input type="checkbox"/> Hydrogen (%)
<input type="checkbox"/> Nitrogen (%)	<input type="checkbox"/> Sulphur (%)

Sample Details:

Brief Description Sample:		
Is sample dry enough?	Chemicals Used for Extraction/ Prep ⁿ of Sample	Hazards if Known
Yes / No		

Name & Signature of Supervisor /Teacher _____

Signature of Chairman with official Seal and date: _____

Seal

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Appointment date	_____
Date Request Received	_____
Officer's Name & Signature with Off. Seal	_____

Important Notes:

1. Minimum amount of sample: (a) 5 mg for solid sample (b) 2 mL for Liquid sample

NOTE: Samples are disposed of 1 months after receipt if not fully consumed by the analysis.

Photocopy of this form is acceptable.