



CENTRE FOR NANOSCIENCE AND TECHNOLOGY
ANNA UNIVERSITY, CHENNAI-600 025
SAMPLE ANALYSIS REQUISITION FORM FOR
“PARTICLE SIZE ANALYSER” (PSA)

Name of the Student/ User	
Designation	
Department/ Centre	
College/ Institution/ University	
Billing address	
Mobile number	
Email Id	
Number of sample(s)	
Name of sample(s)	
Dispersant	
Refractive index of Sample	
Refractive index of Dispersant	
Absorption coefficient of Dispersant	
Viscosity of Dispersant	
Dielectric Constant of Dispersant	
Name & Address of the Guide	
Signature of the Student/User	
Signature of the Guide with Seal	

FOR OFFICE USE:

Signature of the Director (Centre for Nanoscience and Technology)			
DD details	Amount Rs.	Number & Date	Bank & Branch
Date of sample analyzed			
Operator's signature			

Note:

- DD should be drawn in favor of “**THE DIRECTOR, CNST, ANNA UNIVERSITY, CHENNAI-25**” payable at Chennai.
- Data will be supplied only in the compact disc (**CD**).
- Reports will be released only after payment is received.
- For further details, contact at: 044-2235 9113, 9213, 9215