



CENTRAL INSTRUMENTATION LABORATORY
Department of Pharmacology & Toxicology
College of Veterinary Science & A.H.
DUVASU, Mathura



APPLICATION FORM
(for using CIL facility)

A. General Information	
Name of the User	
Name of the Supervisor/Guide	
Affiliation	
User Category (Refer the website)	
Mobile No.	
Mail id	
B. Sample Information	
Nature of the sample (Biological fluid/soil/tissue/milk/bone etc.)	
Number of the sample	
Metal/mineral to be analysed (for AAS analysis)	
Desired phytoconstituents/ pesticides or other analytes etc. (for GC analysis)	
Method of sample processing (Please attach Annexure)	
C. Miscellaneous	
Project/Thesis/Dissertation Title	
Expected date of completion	
Amount paid (for external users)	
Mode of payment with date (for external users)	

- I have read and agree to the terms and condition for using the CIL-DUVASU facility.

- I agree to acknowledge the CIL facility in the publication/thesis/dissertation/project for the research work.

Signature of the User

Forwarded by:

**Signature
(With official stamp)**

Date :

Place :