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| 220px-NISERlogo.jpg | ***Centre for Interdisciplinary Science (CIS)******National Institute of Science Education and Research (NISER), Bhubaneswar******P.O. Jatani, Khurda,752050, Odisha, India*** |

 **REQUEST FORM FOR EXTERNAL USERS**

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| **EXTERNAL USER INFORMATION** |
| Name of the External User |  |
| Designation |  |
| Name of the Organization (Govt. or Private) and Contact Details |  |
| **SAMPLE INFORMATION** |
| Number | Sample Type | Detailed description of samples, expected morphology, expected particle size /peak and etc.. |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| **TOXICOLOGY AND SAMPLE HANDLING** (Please tick the relevant one) |
| Harmless | Toxic | Radioactive | Irritant | Flammable |
| Any extra precaution in samples handling |  |
| The external user wants the sample back  | If YES: The user has to arrange to get back the sample within 15 days of completion of measurements.NO: Specify the disposal procedures- |

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| **TERMS AND CONDITIONS FOR AN EXTERNAL USER**: |
| 1. Please submit this form along with the samples & send one soft copy to **cis-support@niser.ac.in** **and contact No: (0674)2494479**
2. The CIS laboratory has the right to reject/postpone the test request.
3. Sample mailing: Please pack and label the sample carefully to avoid spillage, mishandling.
4. If any member of the research group of the external user wants to be present during measurement then the user needs to inform at least 15 days beforehand and the available time slot will be emailed. The user has to follow the CIS safety and regulation during the measurements.

N.B.: **The user agrees to acknowledge by stating “We acknowledge Centre for Interdisciplinary Science (CIS), NISER, Bhubaneswar for providing experimental support” if the obtained data is used in any kind of publication including Journal papers, PhD thesis, Master thesis and Conferences etc.** |
| **EXTERNAL USER DECLARATION AND SIGNATURE**  |
| I agree to the terms and conditions stated by CIS (NISER), Bhubaneswar in this request form & already paid the required amount and accept that all the information provided are correct. |
| EXTERNAL USER: | Signature/Date: |