Postgraduate Institute of Science-University of Peradeniya

Request for use Instruments in Chemistry Laboratory

Department /Institute/Industry: ……..

Student Name: …….. Reg. No:……...

Email Address:…….. Contact No:……..

Supervisor's Name:……..

Sample Name(Details):……

Instrument Name:……

Please fill following table

	Instrument Name	Rates per Sample			Number of Samples	Total Amount (Rs.)
		Undergraduate	Other Institute/Universities	Industrial		
01.	Advanced Microwave Digestion System	**500.00**	**1000.00**	**2000**		
02.	Gel Doc	**500.00**	**1000**	**2000**		
03.	UV-Visible Spectrophotometer (Liquid)	**150.00**	**300**	**500**		
04.	UV-Visible Spectrophotometer (Solid)	**150.00**	**300**	**500**		
05.	Spectrophotometer	**100.00**	**200**	**400**		
06.	Gas Chromatograph (GC)	**200.00**	**500**	**1000**		
07.	Microcentrifuge	**100.00**	**300**	**500**		
08.	Centrifuge-15 ml	**150.00**	**400**	**600**		

09.	MP-AES	**500**	**1000**	**2000**		
10.	pH meter	**500**	**1000**	**2000**		
11.	Conductivity meter	**500**	**1000**	**2000**		
12.	Turbidity meter	**500**	**1000**	**2000**		
	Instrument Name	**Rates per hour**			**Number of hours**	**Total Amount (Rs.)**
		Undergraduate	**Other Institute/Universities**	**Industrial**		
13.	Vacuum Oven	**500**	**1000**	**2000**		
14.	Oven	**250**	**500**	**1000**		
15.	Probe Sonicator	**300**	**600**	**1500**		
16.	Ultra Sonicator Bath	**300**	**600**	**1500**		
17.	Shaker with Temperature control	**500**	**1000**	**2000**		
18.	Water bath with Temperature control	**250**	**500**	**1000**		
29.	PCR(Polymerase Chain Reaction)	**1500**	**3000**	**6000**		
20.	Optical Microscope	**1500**	**3000**	**6000**		
21.	Rotary Evaporator	**1000**	**2000**	**4000**		
22.	Potentiostat(Auto Lab)	**2000**	**4000**	**6000**		

Mode of Payment:…….. Receipt No:……

(Please attached your payment Slip)

I have declared that this sample does not contain any hazardous materials (Biological/Radioactive/explosive) that cause hazardous during handling and analysis.

Student's Signature:…….. Supervisor's Signature:……

Date:…….

For office use only

…… **……..**

Approval of the Director ***Date***

Comment:

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Operator's Signature:…… ***Date:……***