**Central Research Laboratory (Unit-II)**

**Service of Analysis: Thermogravimetric Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: ---------------------------------------- Student ID: ----------------------------------Department / Organization: ----------------------------------------------------------------------------**

**Email: -------------------------------------------------- Cell Number: -------------------------------**

**Supervisor’s Name: ---------------------------------- Designation: --------------------------------**

**Email: -------------------------------------------------- Cell Number:--------------------------------**

|  |  |
| --- | --- |
| **Analysis Required (Code)**(TGA / DTA / DSC) |  |
| **Number of Samples (Must be Solid Sample)** |  |
| **Sample code(s)** |  |
| **Solubility of Sample ( Solvent)** |  |
| **Sample Description**Nature of sample**\***, chemical composition (if possible)  |  |
| **Melting Point / Decomposition Temperature** (if known) |  |
| **Burning Atmosphere** (Air / N2) |  |
| **Temperature Range** (Room to 850 oC) |  |

*\*Natural product / synthetic / polymer/oils*

**Signature & Stamp of Supervisor: -------------------------------------------------------------------**

* Make sure that the sample is not explosive, radioactive, or bio-hazardous.
* Please attach the original analysis fee proof (Bank challan or a Pay order / DD in favor of Treasurer, University of Sargodha).

**----------------------------------------------------------------------------------------------------------------**

**OFFICE USE ONLY**

**Sample Receiving Date: ------------------------------------- Diary Number: SU/CRL/\_\_\_\_\_\_\_**

**Analysis Performed By: ------------------------------------- Total Amount Received: Rs \_\_\_\_\_**

**Mode of Payment:** Bank Challan Pay Order DD

**Bank Challan / Pay Order / DD Number** (Date)**: -------------------------** ( / / )

**Expert**