



UNIVERSITY OF SARGODHA

PATHWAY TO PROGRESS

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 / N ₂)	
Temperature Range (Room to 850 °C)	

*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