



Amity Materials Research Facility: ASAS-FIST

User Form

User Name:Supervisor:

Contact No.:..... Email:.....

Affiliation: AUH/Other Amity Campuses/Non-Amity.....

Dept/School:.....

Address:.....

Name of Analysis:.....

SAMPLE INFORMATION:

Sample Name:.....No. of Samples:.....

Storage Condition: (RT,4°C/(-)20°C/ etc).....Nature of Sample (Hazard/Toxicity).....

1. Project details (If project funds are to be used)

Name of Project Investigator:

Project Reference No.....under the funding agency.....for the financial year 20....

OR

2. For Non-Project Holder:

BANK ACCOUNT DETAILS

INSTITUTION ACCOUNT NAME (AS PER BANK RECORD)	AMITY UNIVERSITY HARYANA
ACCOUNT NO.	926010020408574
IFSC CODE	UTIB0000720
BANK NAME (in full)	AXIS BANK LTD
BRANCH NAME	MANESAR(HR) MANESAR
COMPLETE BRANCH ADDRESS	MANESAR(HR) SHOP NO. 34 TO 39 & 64 TO 66,66A,66B,67 TO 69 TOWER J, SECTOR-2 IMT MANESAR, MANESAR 122050
MICR NO.	110211062
ACCOUNT TYPE	SAVING

[*-While making payment, mention in the remarks, AMRF instrument name(s) for which payment is made]

Signature of User

Signature of (AMRF) Instrument In-charge

Signature of HOI

For Office Use Only:

Amount Deposit & Date:

Details of Sample:

Signature

Important Note: Kindly consult AMRF staff for sample/sample preparation before bringing your samples for analysis.