

Central Research Facility and I-STEM

Office of Dean Research
SRM University Andhra Pradesh
Guntur, AP - 522240



Dated:

To,

The CHNS Coordinator,

SRM University-AP, Andhra Pradesh

Sub: Submission of samples for CHNS Elemental analysis and acknowledgement.

Dear Sir,

I, _____ PhD scholar working under the supervision of

Dr. _____ Assistant Professor/ Associate Professor/Professor,

Department of _____ submit my soil/biomass/metal etc. samples

in powdered form with proper labelling to CHNS Coordinators office. I will acknowledge the CHNS

Elemental Analyser wherever the results of CHNS will be used. The citation is as follows: 'CHNS

Elemental Analyser (Elementar UNICUBE, Sr. Number: 0400BC1069) under the University Research

Grant Central Facility, SRM University -AP, Andhra Pradesh.

Number of samples:

Contact No.:

Name & Signature of the Scholar

Name & Signature of the Supervisor