



Date :

Personal Details

Name*	<input type="text"/>	Affiliation / Dept. / Institute*	<input type="text"/>
Email ID*	<input type="text"/>	Name of HOD/Guide*	<input type="text"/>
Contact Number*	<input type="text"/>	User category*	<input type="text"/>
Billing address*	<input type="text"/>		

Analysis Details

No. of Samples*	<input type="text"/>	Research area	<input type="text"/>
Type of analysis*	<input type="checkbox"/> Z-Scan	<input type="checkbox"/> Transient Absorption Spectroscopy	<input type="checkbox"/> Others
<input type="text" value="Specify.."/>			

Sample Description

- Transient Absorption Spectroscopy

Sl. No	Sample name	Sample code	Type of Sample (e.g. Liquid/film)	Pump Wavelength (nm)	Probe crystal CaF ₂ / Sapphire Crystal (optional)
1					
2					
3					
4					

Other specification if any...

- Z-Scan

Sl. No	Sample name	Sample code	Type of Sample (e.g. Liquid/film)	Other Specification if any
1				
2				
3				
4				

Payment Details (e.g., Online Transfer / DD Number / Transaction ID)

Mode of payment*	<input type="text"/>	Name of the bank*	<input type="text"/>
Amount paid*	<input type="text"/>	Transaction ID / details*	<input type="text"/>
Payment date*	<input type="text"/>		

Kindly note the following!!

- Remnant samples will be discarded after the results are issued/mailed, unless a request for return is made at the time of submission.
- Kindly attach the payment receipt along with the application form.

Acknowledgment

Have you used this facility before ?

Yes / No

If yes, Please specify the acknowledgment details

Bank details

Payments are to be made only money transfer to

For Analysis Requests / queries :

Email : office-ucus@mgu.ac.in

Bank: State Bank of India

Branch : M. G. University Campus Branch

Account Name : Hon.Director, ICUS-DDF

Account Number : 43830477897

IFSC : SBIN0070669