

Shri Vile Parle Kelavani Mandal's

Shri. C. B. Patel Research Centre

for Chemistry and Biological Sciences



Gate No. 1, Mithibai College Campus, BNCP Building, First Floor, V.M. Road, Vile Parle (W), Mumbai- 400 056 Tel. 022-4235 5981/82, Mob. 8454817193, E-mail: office.cbprc@cbprc.ac.in, Web: www.cbprc.ac.in

# Sample Analyses charges at CBPRC for Academia, R&D and Industry personnel

| Sr.<br>No. | Name of the<br>Technique/Analysis                   | Charges per sample (Rs.) |          |                       |  |
|------------|---|--------------------------|----------|-----------------------|--|
|            |   | Industry                 | R&D Labs | Educational Institute |  |
| 01.        | UV-Vis Spectroscopy                                 | 600                      | 400      | 200                   |  |
| 02.        | Fluorescence<br>Spectroscopy                        | 900                      | 700      | 500                   |  |
| 03.        | Differential Scanning<br>Calorimetry (DSC)          | 1200                     | 900      | 600                   |  |
| 04.        | High performance<br>liquid chromatography<br>(HPLC) | 3500                     | 3000     | 2500                  |  |
| 05.        | Water testing –<br>Microbial Analyses               | 4000                     | 3500     | 3000                  |  |
| 06.        | Water testing –<br>Chemical Analyses                | 2500                     | 2000     | 1500                  |  |

Charges inclusive of 18% GST. The above mentioned charges are only for the utilization of the instruments and overheads. The reagents, solvents, columns and other requirements should be carried by the respective user

Please fill up the requisition form for availing analyses provided by SVKM's Shri. C. B. Patel Research Centre. Payment can be made online or offline. Prior to submission of this form, please make sure you have a valid payment receipt. Attach this with your requisition form.

Payment Details for RTGS / NEFT / IMPS / Google Pay:

A/c Name: SVKM SHRI C B PATEL RESEARCH CENTRE FOR CHEM & BIO Bank Name: Bank of Baroda Branch: JVPD, Vile Parle (W), Mumbai-400056. Account No.: 71240100004082 IFSC Code: BARB0DBJUHU (the fifth number is Zero) MICR Code:400012261 PAN: AABTS8227J



# Shri. C. B. Patel Research Centre

for Chemistry and Biological Sciences

### Analysis Request Form: DSC (Make: TA Instruments, DSC25)

| Name of Requisitioner :                                      |                          |                   | Date:            |            |  |
|--|--------------------------|-------------------|------------------|------------|--|
| Name of Institute/   |                          |                   |                  |            |  |
| Industry   |                          |                   |                  |            |  |
| Complete Postal  |                          |                   |                  |            |  |
| Address  |                          |                   |                  |            |  |
| E-mail ID  |                          |                   | Mobile No.       |            |  |
| Wor  | king Temperature Range f | or the instrument | is -90°C to 725° | С          |  |
| Sr.No.   | Sample Name/Code         | Melting Point     | Initial Temp     | Final Temp |  |
| 1  |                          |                   |                  |            |  |
| 2  |                          |                   |                  |            |  |
| 3  |                          |                   |                  |            |  |
| 4  |                          |                   |                  |            |  |
| 5  |                          |                   |                  |            |  |
| 6  |                          |                   |                  |            |  |
| 7  |                          |                   |                  |            |  |
| 8  |                          |                   |                  |            |  |
| 9  |                          |                   |                  |            |  |
| 10   |                          |                   |                  |            |  |
| Any additional information like handling precautions if any: |                          |                   |                  |            |  |

\* Please enclose a copy of ID card and payment receipt.

Signature of Requisitioner

Approved by

Signature of Guide/Head of Institute/ Person Dean Authorised

**CBPRC Seal** 



# Shri. C. B. Patel Research Centre

for Chemistry and Biological Sciences

### Analysis Request Form: Fluorescence spectrophotometer (Make: Agilent, Cary Eclipse)

| Name of Requisitioner :                            |                             |                          | Date:                                 |   |  |
|--|-----------------------------|--------------------------|---------------------------------------|---|--|
| Name of Institute/                                 |                             |                          |                                       |   |  |
| Industry   |                             |                          |                                       |   |  |
| Complete Postal                                    |                             |                          |                                       |   |  |
| Address  |                             |                          |                                       |   |  |
| E-mail ID  | Mobile No.                  |                          |                                       |   |  |
| Working Range for the instrument is 190nm to 900nm |                             |                          |                                       |   |  |
| Sr.No.   | Sample Name/Code            | Excitation<br>Wavelength | Emission<br>Wavelength<br>(for Single | Or Start - End<br>Wavelength range<br>(for Spectra) |  |
|  |                             |                          | data point)                           | (ior speece)  |  |
| 1  |                             |                          |                                       |   |  |
| 2  |                             |                          |                                       |   |  |
| 3  |                             |                          |                                       |   |  |
| 4  |                             |                          |                                       |   |  |
| 5  |                             |                          |                                       |   |  |
| 6  |                             |                          |                                       |   |  |
| 7  |                             |                          |                                       |   |  |
| 8  |                             |                          |                                       |   |  |
| 9  |                             |                          |                                       |   |  |
| 10   |                             |                          |                                       |   |  |
| Any additional info                                | rmation like handling preca | autions if any:          |                                       |   |  |

✤ Please enclose a copy of ID card and payment receipt.

Signature of Requisitioner

Approved by

| Signature of Guide/Head of Institute/ |
|---------------------------------------|
| Person                                |

**Dean Authorised** 



# Shri. C. B. Patel Research Centre

for Chemistry and Biological Sciences

### Analysis Request Form: UV-Vis spectrophotometer (Make: Shimadzu, 1900i)

| Name of Requisitioner :                              |                            |   | Date:   |  |  |
|--|----------------------------|---|---|--|--|
| Name of Institute/                                   |                            |   |   |  |  |
| Industry   |                            |   |   |  |  |
| Complete Postal                                      |                            |   |   |  |  |
| Address  |                            |   |   |  |  |
| E-mail ID  |                            |   | Mobile No.  |  |  |
| Working Range for the instrument is 190nm to 1,100nm |                            |   |   |  |  |
| Sr.No.   | Sample Name/Code           | Monitor at<br>Wavelength<br>(for Single data point) | Or Start - End<br>Wavelength range<br>(for Spectra) |  |  |
| 1  |                            |   |   |  |  |
| 2  |                            |   |   |  |  |
| 3  |                            |   |   |  |  |
| 4  |                            |   |   |  |  |
| 5  |                            |   |   |  |  |
| 6  |                            |   |   |  |  |
| 7  |                            |   |   |  |  |
| 8  |                            |   |   |  |  |
| 9  |                            |   |   |  |  |
| 10   |                            |   |   |  |  |
| Any additional info                                  | rmation like handling prec | autions if any:                                     | I   |  |  |

✤ Please enclose a copy of ID card and payment receipt.

Signature of Requisitioner

Approved by

Signature of Guide/Head of Institute/ Person

**Dean Authorised**