

Service Requisition Form (Internal)

NMR Facility

I. User Information

Date:

Name of the User :

Name of the Supervisor:

II. Sample Information

S. No	*Sample code	*Solvent	*Nucleus to be studied	Special Experiments (if any)	Whether you are providing solvent? Yes/No	Amount Rs. (to be filled by NMR facility)
1						
2						
3						
4						
5						

Number of Samples: (Please strike out empty columns)

Signature of the Supervisor

Signature of the User

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