

Service Requisition Form (External)

DEPARTMENT OF CHEMISTRY

The Gandhigram Rural Institute-Deemed to be University, Gandhigram – 624 302.

NMR Facility

I. User Information

Name of the User : _____ Address: _____
Phone : _____
*Email ID : _____

II. Sample Information

S. No	*Sample code	*Weight of the sample (mg)	*Solvent	*Nucleus to be studied	Special Experiments (if any)	Plotting Spectral Range in ppm (if any)	*Instrument choice	
							400 MHz	500 MHz
1								
2								
3								
4								
5								

1. Please specify if these samples are hazardous (corrosive/explosive/radioactive, etc.) or **paramagnetic**. If so, specify the appropriate handling instructions. 2. Please provide all necessary information for items marked (*).

III. Payment Details (any one)

- Credited into Canara Bank A/c No8500101013871** (IFSC code: CNRB0008500), IACC, Prof and Head, Department of Chemistry, Gandhigram Rural Institute, Gandhigram
Amount Rs. vide ref. No.....Dt
- Demand Draft:** Payable in favor of '**IACC, Prof and Head, Department of Chemistry, Gandhigram Rural Institute, Gandhigram.**' (Amount Rs.....DD Number.....& Date:
- Challan** (*Original office copy of the challan must be submitted*)
- The receipt to be in the name of

Signature of the Supervisor/Head

Signature of the User

Seal:

FOR OFFICE USE ONLY

Serial No. of sample: _____ sample received on: _____ File: _____ spectrum sent on: _____