



Central Instrument Facility, IIT (BHU), Varanasi-221 005
External Requisition Form NMR



Nature of Work: UG/PG/PhD./ Project/ Consultancy/ Industry. (Pl. Tick)

Req. No. :

User Information

Name of Indenter:

Name of Supervisor/PI (in case of PhD/Dissertation/Project): Employee ID:

Name of Department/School:

Full address for communication:

Phone Number: Email:

Date:

Signature of the indenter

Number of Samples:

Sl. No.	Sample Name	Nucleus to observe (¹ H, ¹³ C, DEPT, ³¹ P, ¹⁹ F, COSY, HSQC, HMBC, NOSY, other(Specify)	Solvent	Spectral width range (in ppm)	No. of Scan (any SPL, request)
1					
2					
3					
4					
5					

Pl. Specify if sample is **Toxic/ Hazardous/ Explosive/** etc.:

Do you want to present during the characterization or not?

Sample required be to preserve or not: Yes/ No (If NO mode of disposal):

Special request (if any):

Signature & Remark of Operator: Date & Time.....

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Payment in Demand Draft Only (In the favour of Registrar, IIT(BHU), Varanasi)

Payment: **DD No.:** _____ **Amount:** _____ **Date:** _____

Bank Name & Branch: _____

Pl. Deduct Rs.

Signature of Professor In charge(CIF):

Faculty Member/PI/HOD
Signature with seal

FOR USE IN FINANCE OFFICE

Expenditure may be debited/credit to:

Major Budget Head: **Special Fund**

Minor Budget Head: **Income for CIFC**

PASSED FOR PAYMENT/ ADJUSTMENT

For Rupees.....

Asst. S.O. A.R. D.R.