

INDIAN INSTITUTE OF TECHNOLOGY PATNA DEPARTMENT OF CHEMISTRY 400 MHz NMR FACILITY

Requisition Form for NMR Services (For external users only) (GSTIN: 10AAAAI2401A1Z0)

Superv	isor/PI:	(68		N: 10AAAA12401A1Z0) Name of the User:		
Institute/University/Others:				Department:		
Contact Number(s):				Email (CAPITAL):		
Addres	ss:					
Details	s of Sample(s) subr	nitted:				
S.No.	Sample Code	Amount (mg)	Solvent	Required No. of Scans	Amount (₹)	
			Subtot	al		
			GST@ 189			
Remarl	ks (If any):		Grand Tot	al		
	•					
	aramagnetic or Ferror re support should be p			entioned in the remarks state NMR only).	s and appropriate	
User declaration: I certify that all the samples provided are pure and properly dried. These sample(s) won't cause any danger to the person(s) or equipment.						
Signature of the user with date Signature of the Guide/P.I/HoD/ Manager (With seal)						
'IIT Pa	atna' payable at Pat na, Patna801106	na along with		and send to HoD,	d Draft in favour of Dept. of Chemistry,	
SLOT AI	LLOTMENT DETAILS:					
Signature of staff In-charge Forwarded by						
Fac			ulty in-charge, NMR		Approved by	

HOD, Dept of Chemistry, IIT Patna