NMR Requisition Form

Advanced Materials Research Centre (AMRC), Kamand Campus
Indian Institute of Technology Mandi, Himachal Pradesh-175075
Email: amrcoffice@iitmandi.ac.in

User Information

User:_____ Supervisor: _____ Date: _____

- Name of Institute/University:_____
- Contact no & E-mail Id: _____
- Billing Address: _____

User From: IIT Mandi (_____) Academic from Himachal-Pradesh (_____)
Academic from outside Himachal-Pradesh (_____) Industrial User (_____)

Samples Details & Payment Details

No. of Samples: _____ Transaction id: _____ Amount Rs.: _____

Samples Type

Powder ( ) 5-10g Liquid ( ) 10-20ml Sample Recover(Yes/No)

Analysis Details

Sr.No	Sample ID	Name of the Solvent	Analysis 1H/13C/19F/31P/DEPT/ 2D	Special Instructions	No. of scan 256/512
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Undertaking:
I, _____ the undersigned hereby declare that the samples being supplied for analysis are for academic and/or research and development purpose only and the results of the analysis will not be used for settling any legal issues.

Signature of research scholar/ indenter

Signature of the Supervisor (with stamp)
Name
Designation

Terms and Conditions:

- Analysis on samples will be done only after receiving the analytical charges and complete details of analysis.
- External users will not be allowed to handle instruments under any circumstances
- IIT Mandi reserves the right to return the samples without performing the analysis and refund the analytical charges under special circumstances.
- If user want to get the original receipt or samples back then they have to send the envelop with fixed the post ticket.

Address for Correspondence:
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