SOPHISTICATED INSTRUMENTS FACILITY
NMR RESEARCH CENTRE
INDIAN INSTITUTE OF SCIENCE, BANGALORE - 560012

User-code:

Name & official address:

Email:

Phone:

No. of samples:
Total amount Rs.
DD No. & date:
Issuing bank: (Please write your name on the back of the DD)
Nucleus to observe: **1H** ☐ **13C** ☐ **31P** ☐ **19F** ☐ **Others:**
Solvent:
Reference compound:
Experiment to be done:
Spectral width range (in ppm):
Does the sample present any danger to the personnel or equipment? If yes, handling instructions:
Special request:

DD should be drawn in the name of "**The Registrar, Indian Institute of Science**" payable in **Bangalore**. Samples, Request Form and DD should reach "**The Convenor, SAIF, NMR Research Centre, Indian Inst. of Science, Bangalore - 560012**". Charges and other details available at: http://sif.iisc.ernet.in

Date:

Signature of the student (If applicable)

Signature of the faculty / scientist with seal