

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

User-code:	
Name & address:	
Email:	Ph:

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 <input type="checkbox"/> ^{13}C <input type="checkbox"/> ^{31}P <input type="checkbox"/> ^{19}F <input type="checkbox"/> 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 authorised personnel