Solution NMR Request Form for IISc users

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

Name: Course / Others: Dept: Phone: Email:	Name of the Faculty: Dept: Phone: Email:

Chargeable amount	**Rs.**	
Payment Method (Choose one)	**Debit head:**	
	DD No:	Date:
	Bank:	

No. of samples:	
Nucleus to be studied:	
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:	

In case of paying through DD, it should be drawn in the name of "The Registrar, Indian Institute of Science" payable in Bangalore. Please leave the samples and Request Form in person at the NMR Research Centre during office hours.

Date:

Signature of the student / PA / RA

Signature of the faculty with official seal