

Service Requisition Form

DEPARTMENT OF CHEMISTRY

The Gandhigram Rural Institute-Deemed University, Gandhigram – 624 302.

NMR Facility

I. User Information

Name of the User : _____ Address: _____
Phone : _____
*Email ID : _____

II. Sample Information

S. No	*Sample code	*Weight of the sample (mg)	*Molecular Formula (if it is paramagnetic please mention)	*Solvent	*Nucleus to be studied	Special Experiments (if any)	Plotting Spectral Range in ppm (if any)
1							
2							
3							
4							
5							

1. Structure (if known) : Please mention in the back side of this sheet. 2. Please specify if these samples are hazardous (corrosive/explosive/radioactive, etc.). If so, specify the appropriate handling instructions. 3. Please Provide all the necessary information for processing and items marked (*).

III. Payment Details (any one)

- Demand Draft:** Payable in favor of 'IACC, Prof and Head, Department of Chemistry, Gandhigram Rural Institute, Gandhigram.' (Amount Rs. DD Number. & Date:
- Challan** (Original office copy of the challan must be submitted)
- Credited into Canara Bank A/c No 8500101013871** (IFSC code: CNRB0008500), IACC, Prof and Head, Department of Chemistry, Gandhigram Rural Institute, Gandhigram Amount Rs. vide ref. No. Dt
- The receipt to be in the name of

Signature of the Supervisor/Head

Signature of User

Seal:

FOR OFFICE USE ONLY

Serial No. of sample : _____ sample received on : _____ File : _____ spectrum sent on : _____