

## Service Requisition Form (Internal)

### NMR Facility

**I. User Information**

**Date:**

Name of the User :

Name of the Supervisor:

**II. Sample Information**

| S. No | *Sample code | *Solvent | *Nucleus to be studied | Special Experiments (if any) | Whether you are providing solvent? Yes/No | Amount Rs. (to be filled by NMR facility) |
|-------|--------------|----------|------------------------|------------------------------|-------------------------------------------|-------------------------------------------|
| 1     |              |          |                        |                              |                                           |                                           |
| 2     |              |          |                        |                              |                                           |                                           |
| 3     |              |          |                        |                              |                                           |                                           |
| 4     |              |          |                        |                              |                                           |                                           |
| 5     |              |          |                        |                              |                                           |                                           |

**Number of Samples:** (Please strike out empty columns)

Signature of the Supervisor

Signature of the User

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| 3     |              |          |                        |                              |                                           |                                           |
| 4     |              |          |                        |                              |                                           |                                           |
| 5     |              |          |                        |                              |                                           |                                           |

**Number of Samples:** (Please strike out empty columns)

Signature of the Supervisor

Signature of the User