

Amity University Haryana, DST-FIST Chemical Science

ChemInnova Research Facility (NMR requisition form for external only)

Name of User :
 Institute/Dept. / Contact No. :
 Sample Code :
 No. of Sample :
 Rate :
 Nature of Sample : Synthetic / Natural / Toxic / Corrosive / Light sensitive

Sample Name					
Sample ID (Office use)					
Solvent					
Experiment (Tick the appropriate Box)	¹ H ¹³ C ¹⁹ F DEPT 45 DEPT 90 DEPT 135 2D Experiment	¹ H ¹³ C ¹⁹ F DEPT 45 DEPT 90 DEPT 135 2D Experiment	¹ H ¹³ C ¹⁹ F DEPT 45 DEPT 90 DEPT 135 2D Experiment	¹ H ¹³ C ¹⁹ F DEPT 45 DEPT 90 DEPT 135 2D Experiment	¹ H ¹³ C ¹⁹ F DEPT 45 DEPT 90 DEPT 135 2D Experiment
Remarks (Solubility, No. of scans, any safety issues)					

For External User Payment:

INSTITUTION OF ACCOUNT NAME	ACCOUNT NO.	IFSC CODE	BANK NAME	BRANCH NAME	MICR NO.	ACCOUNT TYPE
AMITY UNIVERSITY HARYANA	910010023405214	UTIB0000720	AXIS BANK LTD	MANESAR (HR) MANESAR	110211062	SAVING

Signature of User

Signature of CIRF In-Charge

Signature of HOD

For Office Use Only

Deposit Total Amount:

Details of Sample:

Sample Received on:

Sample Complete on:

Signature of Depositor:

Note: Consult ChemInnova Research Facility staff for sample/sample preparation before bringing your sample. Please bring a new CD for collecting your data.