

# Amity University Haryana, DST-FIST Chemical Science

## ChemInnova Research Facility (NMR requisition form for AUH only)

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

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

**1. Project detail of PI from where funds will be transferred**

Name of project PI:  
 Project reference no.:  
 Funding Agency: Project head:  
 Financial year:

**2. For Non project holder PI:**

INSTITUTION OF ACCOUNT NAME	ACCOUNT NO.	IFSC CODE	BANK NAME	BRANCH NAME	MICR NO.	ACCOUNT TYPE
AMITY UNIVERSITY HARYANA	926010020408574	UTIB0000720	AXIS BANK LTD	MANESAR (HR) MANESAR	110211062	SAVING

Signature of User

Signature of ChemInnova 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