



**Central Instrument Facility, IIT (BHU), Varanasi-221 005**  
**External Requisition Form NMR**



Nature of Work: UG/PG/IDD/PhD./PDF/Project/ Consultancy/ Industry. (Pl. Tick)

Req. No. :

User Information

Name of Indenter: .....

Name of Supervisor/PI (in case of PhD/Dissertation/Project): ..... Employee ID: .....

Name & Address of Department/School: .....

Phone Number: ..... Email: .....

Date: .....

**Signature of the indenter**

Number of Samples: ..... (Maximum Five Sample in One Form)

Sl. No.	Sample Name	Nucleus to observe ( <sup>1</sup> H, <sup>13</sup> C, D <sub>2</sub> O, DEPT, <sup>31</sup> P, <sup>19</sup> F, COSY, HSQC, HMBC, NOSY, other(Specify))	Solvent	Spectral width range (in ppm)	No. of Scan (any SPL, request)
1					
2					
3					
4					
5					

Pl. Specify if sample is **Toxic/ Hazardous/ Explosive/** etc.: .....

Do you want to present during the characterization or not? .....

Sample required be to preserve or not: Yes/ No (If NO mode of disposal): .....

Special request (if any): .....

*Signature & Remark of Operator:* ..... *Date & Time* .....

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<b>Requisition Number (CIF Office will provide) :</b>	
<b>Payment:</b> Demand Draft Only	
<b>In Favour of</b>	Registrar, IIT(BHU), Varanasi
<b>Name of the Bank - State Bank of India</b> <b>Name of Branch - IT, BHU, Varanasi</b>	<b>IFSC Code - SBIN0011445</b>
<b>DD No.</b>	Bank Name & Branch:
Pl. Deduct Rs.	
<b>CIF: Professor In charge</b>	<b>Faculty Member/PI /HoD/Coordinator</b> (Signature with seal)

**FOR USE IN FINANCE OFFICE**

<b><u>Expenditure may be debit/credit to:</u></b> Minor Head: <b>Support Activities</b> Minor Sub Head: <b>Income from Central Instrument Facility</b>
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<b><u>PASSED FOR PAYMENT/ ADJUSTMENT</u></b>			
For Rupees .....			
Asst.	S.O.	A.R.	D.R.