



Central Instrument Facility, IIT (BHU), Varanasi-221 005
Internal 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 (¹ H, ¹³ C, D ₂ O, DEPT, ³¹ P, ¹⁹ 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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Requisition Number (CIF Office will provide) :	
Payment:	
A. Faculty Research Support Grant / CPDA	
Project Contingency (Project code)	
B. Department/School Operating Grant	
Pl. Deduct Rs.	
CIF: Professor In charge	For A: Faculty Member/PI (Signature with seal) For B: HoD/Coordinator (Signature with seal)

FOR USE IN FINANCE OFFICE

<u>Expenditure may be debit/credit to:</u>
Minor Head: Support Activities
Minor Sub Head: Income from Central Instrument Facility

<u>PASSED FOR PAYMENT/ ADJUSTMENT</u>			
For Rupees			
Asst.	S.O.	A.R.	D.R.

All users are required to acknowledge the use of CIF equipment / CIF facility and the person(s) providing the technical help in all their research publications/ articles resulting from the use of CIF. A copy of such publication must be submitted to CIF for reference and record. Email: cifc@iitbhu.ac.in