



**REQUISITION FORM**  
Central Sophisticated Instrumentation Facility (CSIF)  
BITS PILANI – K. K. Birla Goa Campus NH-17B Zuari  
Nagar – 403726, GOA, INDIA

**NMR 500 MHz Liquid/Solid State (Avance NEO)**  
**USER INFORMATION (External USERS)**

**User Name:** .....

**Unique ID**

(UIN: For office use only)

.....

**IMPORTANT SAMPLE INFORMATION (Maybe discussed with operator)**

<b>Sample details</b>	
<b>Expected Peak positions if any</b>	
<b>Specify if your samples are hazardous, if yes kindly provide MSDS</b>	
<b>Nuclei to be detected 1H/13C/15N/31P/19F Others if any</b>	
<b>Experiment Type 1D/2D Please specify 2D experiments if any</b>	

Payment Details:

Mode of Payment & Details:

\_\_\_\_\_

Total Amount Paid: Rs. \_\_\_\_\_/-      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that my samples do not present any danger to the personnel or equipment and I have provided the appropriate handling instructions for safety to the operator before analysis. I hereby declare that no radioactive sample has been forwarded for analysis. I am aware that the Centre has no liability as to any loss/damage of my samples during storage/transport/imaging at the Centre. I accept all the terms and conditions of use and confirm adherence to all rules and regulations of the Centre with regard to sample analysis.

**I / We shall acknowledge the CSIF BITS PILANI K K Birla Goa Campus while publishing / reporting the results in journals / conferences or elsewhere**

**Signature of the user**

**Signature of HOD / Supervisor**

For Accounts Section:

Amount Received: Rs. \_\_\_\_\_/-, Voucher No: \_\_\_\_\_, Date: \_\_\_\_\_

Signature with Seal

