



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)

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

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

