

CENTRAL INSTRUMENTATION FACILITY

B.I.T., MESRA

Requisition form for NMR-400

Ref. No. _____

Date: _____

Name of User:

Designation of User:

Contact No.

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

Details (Chemical, Physical, Radioactive, Hazardous, others):

Details of samples submitted: Please provide the following details:

S.No.	Samples Code	Amount (mg)	Solvent	Spectral Width	Scan (ns)	Analysis required	Remarks

N.B.: If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.

Whether the particular instrument is available in your department: YES/NO

If YES, Reason for sending the sample to CIF:

Details of account to be charged:

- 1) Department:
- 2) Project:
- 3) Individual:

- **User is requested to adopt standard technique for preparation of samples before giving them.**
- We agree to acknowledge CIF, BIT, Mesra, Ranchi in our publications and thesis if the CIF instruments results are incorporated/ used in them.

Signature of User: _____

Signature of Supervisor: _____

Signature of HOD: _____

Ref. No. _____

Date of Receive: _____

FOR CIF USE

Date of Completion: _____

Name & Signature of Faculty In charge: _____

FOR OFFICIAL USE

Amount to be transferred _____

Recommended/ Not recommended

Approved/ Not approved

Head
C.I.F.

Vice Chancellor
B.I.T, Mesra


For Account Office

Account officer is being advised to transfer Rs. _____ (Rs. _____

_____ only) as analysis charge from Mr. /Mrs./Dr. _____

_____ of _____ in the account of Central Instrumentation Facility.

Head
Central Instrumentation Facility

 Please bring FRESH CD ONLY for collection of results. Used CDs or PEN Drives are not allowed.