

**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	Experiment type	TLC-Pattern Mandatory *	Minimum Scan	Sample type (Magnetic) (Y/N)*

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

*** TLC pattern and sample type (magnetic or nonmagnetic) for each sample should be mentioned.**

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:

• **Users are 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: _____

FOR CIF USE

Ref. No. _____

Date of Receive: _____

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