



NMR ANALYSIS REQUEST FORM

NMR Instrument Centre, Mangalore University, Mangalagangothi-574199
(Sponsored by MHRD-RUSA Programme, Govt. of India)

Incompletely filled sections may result in sample rejection!

Contact Details:

Name: _____

Name of Supervisor & Designation: _____

Department & Organization: _____

Tel. no.: _____ email: _____

Billing address: _____

Sample Details:

Sample ID (Alphanumeric): _____

Description of sample:

Proposed Formula/Structure/Elements present etc.

Analysis Requirements (please tick appropriate boxes):

^1H ^{13}C ^{19}F ^{31}P DEPT D_2O Exchange 2D Experiments

Preferred Solvent:

CDCl_3 DMSO-d_6 CD_3OD D_2O

Quantity of the sample submitted: _____ (mg)

Any hazards from the sample / handling instructions:

Declaration:

1. A copy of the resulting publication, if any, will be sent to NMR Incharge, Mangalore University, Mangalagangothri- 574199.
2. Each publication shall carry the following acknowledgement: “This Work (part of this work) was performed at NMR Instrument Centre, Mangalore University, Mangalagangothri”. In addition, if we receive help for analysis data from instrument incharge, the same will be acknowledged suitably, either in the form of acknowledgement or by providing co-authorship.

Signature (Candidate)

Signature and Seal (Supervisor)

*Signature and Seal
(Chairman/ Head of the
Department)*

FOR OFFICE USE ONLY

Accepted date	Operator	Payment details	Comments

Signature (Technical staff)

*Signature and Seal
(Instrument in-charge)*

Instrument Details

Instrument: 400MHz NMR

Make: JEOL

Model: JNM-ECZ400/L1

Description: ECZ 400 HIGH RESOLUTION, MULTINUCLEAR FT-NMR SPECTROMETER

Contact: E-mail: mhrdrusanmr@gmail.com Ph:+91-9591423425(M)

For all analysis to be carried out in NMR Instrument Centre, analysis charges should be deposited to the following Account,

A/c Name: **NMR LAB SERVICES**

A/c Number: **39860734965**

Bank: **State Bank of India**

Branch: **Mangalagangothri**

IFSC Code: **SBIN0008034**