



**BITS Pilani**  
K K Birla Goa Campus

**Central Sophisticated Instrumentation Facility (CSIF)**  
Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus



**REQUISITION & PAYMENT FORM**  
**(Nuclear Magnetic Resonance Spectrometer)**

Model: Bruker 500 MHz Avance Neo

User Name: ..... Unique ID (UIN): .....  
 Department: ..... University / Institution: .....  
 Email Address: ..... Contact Phone/Mobile No: .....

**SAMPLE INFORMATION**

Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....

S. No.	Experiment Name (1D: 1H, 13C, 31P etc 2D: HSQC, COSY etc)	Solvent required	Solid state/Liquid State

Please provide any other important information on a separate sheet (e.g. toxic samples)

PREFERRED SLOT TIMING: .....

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

**PAYMENT DETAILS**

S.No.	Nature of Analysis* (1D/2D/SOLID/LIQUID)	Rate	Number of samples	Total
<b>Total</b>				

**Payment Details:**

Source of funding & Details: \_\_\_\_\_

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

User with date

HOD/Supervisor/PI

Technical In-charge

Accounts Office