



UNIVERSITY OF MYSORE

**CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE**

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

**Requisition for NMR Analysis**

Sample Submitted by	Details of the Guide
Name :	Name :
Department :	Department :
Contact No. :	Contact No. :
Email ID :	Email ID :

Category : University of Mysore  Other University/Institution  Industry

**Sample Information**

Submitted Date :	<u>Structure</u>
Sample Name :	
Sample ID :	
Solubility :	
CDCl <sub>3</sub> <input type="checkbox"/> DMSO, d <sup>6</sup> <input type="checkbox"/> MeOH, d <sup>4</sup> <input type="checkbox"/> Acetone, d <sup>6</sup> <input type="checkbox"/> Others: _____	
No. of Samples :	

**Tests Required**

<sup>1</sup>H NMR  <sup>13</sup>C NMR  dept  2D  Others \_\_\_\_\_

**Declaration:**

I agree that all the information provided above is true. In any publication to be published using the results, NMR Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Signature of Student

Signature of Guide(With seal)

Signature of the Instrument in-charge

**For Office Use Only**

Journal/Challan No:

Amount in Rs:

Date of Receipt:

Name of the Bank and Address:

**Allotted Date and Time..... Duration.....**

Analyzed by

Principal Scientist



UNIVERSITY OF MYSORE

CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition for HPLC Analysis

Sample Submitted by	Details of the Guide
Name :	Name :
Department :	Department :
Contact No. :	Contact No. :
Email ID :	Email ID :

Category : University of Mysore  Other University/Institution  Industry

Sample Information

Submitted Date :	Structure/Nature of the compound
Sample Name :	
Sample ID :	
Solubility :	
No. of samples :	
Quantity of samples:	

Type of Analysis

Analytical LC  Prep-LC  Others if any: \_\_\_\_\_

Method information if available:

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, HPLC Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Signature of the Student

Signature of the Guide(With seal)

Signature of the Instrument in-charge

For Office Use Only

Journal/Challan No:

Amount in Rs:

Date of Receipt:

Name of the Bank and Address:

Allotted Date and Time..... Duration.....

Analyzed by

Principal Scientist



UNIVERSITY OF MYSORE

CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition for LCMS Analysis

Sample Submitted by	Details of the Guide
Name :	Name :
Department :	Department :
Contact No. :	Contact No. :
Email ID :	Email ID :

Category : University of Mysore  Other University/Institution  Industry

Sample Information

Submitted Date :	Structure/Molecular formula/Molecular weight
Sample Name :	
Sample ID :	
Solubility :	
No. of samples :	

Type of Analysis

LCMS  MADLI  APGC  Other: \_\_\_\_\_

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, LCMS Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Signature of the Student

Signature of the Guide (With seal)

Signature of the Instrument in-charge

For Office Use Only

Journal/Challan No:

Amount in Rs:

Date of Receipt:

Name of the Bank and Address:

Allotted Date and Time..... Duration.....

Analyzed by

Principal Scientist