Sample Form (External Users)

Name & Institution :

Date Submitted : __/__/____

Number of Samples : __

Concentration/ Amount : __

Soft copy of Data required : __ (Y/N)

(If yes, please provide data CD)

Spectrometer : 400MHz/600MHz (specify probe)

Details of Experiment

S. No.	Sample ID/Tag	Nucleus	Experimental Details (1D/2D, Relaxation, 2D correlation etc.)	Solvent	Temperature
1					
2					
3					
4					
5					
6					
7					
8					

Points to Note:

•Please specify if your sample requires special storage conditions.

•If you require specialized experiments. Please discuss with Dr. Kavita Dorai beforehand.

•Details of payment: Cheque/ Crossed DD in favour of **"Registrar, IISER Mohali"**

•Spectra will be given only after payment is received.

Data Received
Signature :
Date :