



# NMR ANALYSIS REQUEST FORM

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

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Incompletely filled sections may result in sample rejection!

## Contact Details:

Name: \_\_\_\_\_

Name of Supervisor & Designation: \_\_\_\_\_

Department & Organization: \_\_\_\_\_

Tel. no.: \_\_\_\_\_ email: \_\_\_\_\_

Billing address: \_\_\_\_\_

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## Sample Details:

Sample ID (Alphanumeric): \_\_\_\_\_

*Description of sample:*

Proposed Formula/Structure/Elements present etc.

Analysis Requirements (please tick appropriate boxes):

☐  $^1\text{H}$  ☐  $^{13}\text{C}$  ☐  $^{19}\text{F}$  ☐  $^{31}\text{P}$  ☐ DEPT ☐  $\text{D}_2\text{O}$  Exchange ☐ 2D Experiments

Preferred Solvent:

☐  $\text{CDCl}_3$  ☐  $\text{DMSO-d}_6$  ☐  $\text{CD}_3\text{OD}$  ☐  $\text{D}_2\text{O}$

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)**

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**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](mailto: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**