

Sophisticated Instrumentation & Computation Centre (SICC)

UNIVERSITY OF KERALA, THIRUVANANTHAPURAM – 695 581

REQUISITION FORM FOR 400 MHz NMR Spectrum

Billing address (official address)	Name and official address of applicant
	Phone Number :
Phone Number:	E-mail Address :

User Type: UoK departments/Colleges (UoK) /Other Educational Institutions / Research institutes / Industries
(Please tick as applicable)

User Information

Name :
Designation :
Affiliation :
Supervisor Name :
Department & University/ Institution/College :
Broad Research Area/Topic :

SAMPLE INFORMATION

S. No.	Sample Code	Expected structure	Qty of sample	Solvent	NMR Spectra required	Job No (Office use)

Mode of Payment: DD/Cash

Receipt No. & Date:

Recommendation from Supervising Teacher/ Head of the Department

Name and Signature of the Applicant

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the SICC. The details of publications will be intimated to the SICC.

Signature with date & seal
(HOD / Principal / Guide / Managing Director)