

Indian Institute of Technology, Bombay
Flex Isynth
Central Facility for Automated Robotic Station
Location: Room no. 212, 1st Floor, CRNTS Department
Email: amol_ah@iitb.ac.in, Tel. No: 022-25764159
For Department of Chemistry



1. User Registration No.: _____ Date: / /
2. Name of the User: _____
3. Name of the Guide and Department: _____

4. Email and Tel. No.: _____
5. No. of Samples/ synthesis: _____
6. Sample/ synthesis Code: _____

7. Experimental details [Reaction details, conditions, gases, parameter if any] _____

8. Special requirement if any: _____

Material is not poisonous/toxic in any way (please provide MSDS data sheet)

We agree to acknowledge the Flex ISynth, Automated Robotic station, **Central Facility of IIT Bombay** in our publications/ Reports/ Thesis in which the data is used.

Signature of the User _____

Instructions:

- A maximum of Two synthesis/one registration form will be accepted at a time.
- Use back side of the form for writing the details of more than one sample.

While receiving the results:

Date of experiment: _____ Date of Result sent: _____

Received samples and results.

Signature of the User _____

For Office Use Only

Date of experiment: _____ Date of Result sent: _____

Name of the operator: _____ Signature of operator: _____