Indian Institute of Technology, Bombay

Anton Paar Monowave 400,

 Central Facility for Microwave Synthesis System

Room No.370, 2nd Floor, Chemistry Department Facility lab

Email: amol\_ah@iitb.ac.in, Tel. No: 022-25764159

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 [parameter, details about Reaction, 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 Anton Paar Monowave 400, Microwave Synthesis System , **Central Facility of IIT Bombay** in ourpublications/ 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.
	+ All chemicals involved to be supplied by user
	+ Use back side of the form for writing the details of more than one sample.

# While receiving the results:

Date of experiment:

# Received samples and results.

Date of Result sent:

Signature of the User

Date of experiment:

# For Office Use Only

Date of Result sent:

Name of the operator: Signature of operator: