



ANALYSIS REQUEST FORM

Date: -

To

The Senior Administrative OfficerDean
(R&D) Office

Please credit the following charges for the use of the 500 MHz NMR Spectrometer facility as per the details given below. Kindly credit this to **IRCC** Central Facility project code RD/0414-IRCCCKO-006.

Name of the Instrument : 500 MHz NMR

Type of Analysis : _____

Name of the User : _____

Contact number : _____

Email ID : _____

Name of Faculty/PI/
Authorize person : _____

Name of Department : _____

Project code and budget
Head for charging : _____

Number of Sample
to be Analyzed : _____

Number of Hours
to be Utilized : _____

Quotation number : _____

Instrument Charges : _____

Transaction details : _____

Signature of user

Signature of PI/Faculty

Date of Processing

Note: -User is requested to transfer the charges in advance and provide document number of transaction done through IRCC SAP account to respective instrumentation facility.

Analysis Charges

Experiment Type	Internal (IITB)		University (X)	National Labs (3X)	Industries (5X)
	TA	Non TA (X)			
1H	50	120	120	360	600
X-nuclei	50	240	240	720	1200
Subsequent hour	50	180	180	540	900
2D NMR	50	360	360	1080	1800
Solid State	50	1200	1200	3600	6000
Subsequent hour (Solid State)	50	750	750	2250	3750
Additional Charges for Variable Temp. (Solution/Solid)	50	300	300	900	1500