

REQUISITION FORM

Central NMR Facility, BITS Pilani
Birla Institute of Technology and Science, Pilani (Pilani Campus)
 (GSTIN. 08AAATB2599R1ZZ)

Name: _____ Name of the PI: _____
 Department: _____ Campus: _____
 Email: _____ Contact Number(s): _____

Details of samples submitted: Please provide the following details:

Sr. No.	Sample code	Amount (mg)	Solvent	Spectral Width (in ppm)	Analysis required [¶]	Source of fund for the analysis (if any) *	Amount (Rs)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Subtotal							
Output SGST @ 9%							
Output CGST @ 9%							
Output IGST @ 18% (Applicable only when service provided out of state)							
Total Tax							
Grand Total							

N.B.: If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions. [¶]¹HNMR, ¹³CNMR, multinuclear, 2D etc.

Date: _____ **Signature of the supervisor** _____
Receipt No. _____

To
 HAF, BITS Pilani

Date:

Kindly collect Rs from towards the charges for NMR analysis and GST. Deposit the subtotal amount for NMR charges in the account head **“Income from Analytical Service Charges-CIF/SIF, Account code-07/03/0222”** and Total Tax Rs for GST in the account head mentioned Above.

Regards

Authorized signatory, NMR Facility (SIF)