



**SHOBHABEN PRATAPBHAI PATEL SCHOOL OF PHARMACY  
& TECHNOLOGY MANAGEMENT  
MUMBAI**

**Service Request Form: Nuclear Magnetic Resonance Spectrophotometer**

(Make: Magritek Spinsolve 60 Carbon) 60 Mega Hertz

Name of Requisitioner :			Date:	
Department				
Institute/ Industry				
Complete Address				
Email ID				
Quantity- Minimum 10mg				
Sr. No.	Sample Name/ Code	Name of solvent to be used [DMSO/D <sub>2</sub> O/CDCl <sub>3</sub> / Other]	Type of Scan 1H/13C	Number of Scan (32/64/128/256/512)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

❖ Please enclosed copy of ID card & payment receipt.

\_\_\_\_\_  
Signature of Requisitioner

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Signature of Guide/Authorised Person

\_\_\_\_\_  
Dean  
SPPSPTM

Seal/ Stamp:

