



No:

Date:...../...../.....

## University of Kerala

### Central Laboratory for Instrumentation and Facilitation (CLIF)

Kariavattom Campus, Trivandrum-695 581 Phone: 0471-2308566

E-mail(Office): [clifuok@keralauniversity.ac.in](mailto:clifuok@keralauniversity.ac.in)

E-mail (Sample analysis): [clifanalyses@keralauniversity.ac.in](mailto:clifanalyses@keralauniversity.ac.in)

Name: .....

Official /Billing Address: .....

Designation: .....Department: .....

E-mail: ..... Mobile: .....

Category: Kerala University Students (A) ☐ Students from colleges affiliated to UoK (B) ☐

Students from other educational institutions (C) ☐ R & D institutes (D) ☐

Industry (E) ☐

Purpose: Phd ☐ MSc ☐ Mphil ☐ Others ☐

Mode of Payment\*: DD

Receipt No\*.: .....

Date: .....

*Certified that the sample submitted belongs to the above-mentioned user and using of CLIF facility will be acknowledged in all the publications arising out of the results of the analysis.*

Date: .....

.....  
Name and Signature  
of the Head of the Institute/Dept.  
(Office Seal is mandatory)

Important\*:

- Partially filled form and form without office seal will be summarily rejected
- Each page should be printed separately for submission
- The complaint if any regarding the analysis result has to be intimated within 3 weeks on receipt of the result
- The leftover/analyzed samples shall be collected within 2 weeks from the date of issue of result

### Office Use only

Sample Received on:

Number of samples:

Analysis for :

Amount :

Name and Signature  
Of the authority

## 400MHz NMR Spectrum Analysis Request Form

Name: .....

Address: .....

.....

E-mail: ..... Mobile: .....

### Sample Information

Sl No:	Sample ID	Sample type* (Solid, Powder, Liquid, Film, Bio, Others... etc, specify)	Expected Structure	Qty. (mg)	Solvent*	NMR Spectra Required* (H1, C13, 2D etc.)

.....

Name and signature  
of the Applicant

.....

Recommendation of  
supervising teacher

.....

Name and signature  
of the Head of the Institute/Dept.

### ***Important***

- i) *Mandatory fields should not have kept blank*
- ii) *H1 sample require mini. 10mg and C13 sample require mini. 30-40 mg*
- iii) *\*Samples should be soluble completely, specify the exact solvent for dissolution.*
- iv) *Use sample containers for providing samples. A v o i d RB flask, Conical flask, Petri Dish, Beakers etc.*
- v) *Sample containers should be uniquely identified and appropriately labeled*
- vi) *Please provide information about any specific sample preparation method required, chemicals to be used, range of instruments to be used, any literature or past analytical experience*
- vii) *Please specify nature of your sample, if your submitted sample contains toxic/flammable/ hazardous component, please attach material safety data and other details (if any) along with the sample.*
- viii) *Partially filled form and form without office seal will be summarily rejected*
- ix) *The remaining sample or sample tube should be Re-collected within two weeks from the date of publishing of result.*