



WAZED MIAH SCIENCE RESEARCH CENTRE (WMSRC)
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Application for NMR Spectral Analysis

Date:

Researcher/Client Information: Name : _____ Department/Center: _____ Class Roll: _____ Session: _____ Name of Degree: _____ Batch: _____ Mobile No: _____ Email address: _____	Sample Identification: Sample code no: _____ Sample amount: _____mg (minimum 5.00 mg) Solid: _____ Liquid: _____ Stability: _____ Solubility: _____ Volatility: _____ Hazards: _____
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Type of Spectrum (Please give tick (√) mark in the appropriate box)

¹ H	¹³ C	³¹ P	¹⁵ N	¹⁹ F	Dept-135	COSY	HSQC	HMBC	Other experiment (Please specify)
Select Solvent		CDCl ₃	Methanol-d ₄	DMSO-d ₆	Other solvent (Please specify)				
Required δ range									

Probable Structure of the Sample/Reaction Scheme with structure:

*** I declare that I will acknowledge the services of Wazed Miah Science Research Centre in the thesis and all published scientific articles.**

Name & Signature of Supervisor with Seal & date	Signature of Chairman with official and date

WMSRC USE ONLY	Remarks
Serial No. _____ Submission date: _____ Delivery date: _____ Officer's Signature with Official Seal: _____	

Researcher's copy	
Serial No. _____	Name: _____
Department _____	Payment Amount (tk) _____
Submission date: _____	Delivery date: _____
Officer's Signature with Official Seal: _____	

NOTE: Samples will be disposed of 1 months after receipt if not taken back.

Photocopy of this form is acceptable.