



# Indian Institute of Technology Ropar

## Sample Analysis Form

(External Users)

Name of User .....

Name of the supervisor/HoD .....

Bill in favor with complete address .....

(In Capital Letters)

GST no (If Any) .....State.....

Institute / Department .....

Affiliation Educational Institution/Govt R & D labs { } Industry { }

Name of the Equipment/Instrument .....

Department/Lab .....

(Please refer Equipment specification form)

### Sample Details

(Please check Annexure I for Technical Specifications)

Sr. No	Details of the Sample	No of Samples	Sample Charges (per Sample)	Amount (Rs.)	GST @18%	Total Amount (Rs.)

Additional information (if any) .....  
.....

### Bank Details for transfer of sample Analysis charges

Name of Bank Account – IIT Ropar Revenue Account

Name of Ban – State Bank of India

Account no 37360100716

IFSC- SBIN0013181 ,Branch- IIT Ropar

(Counter Foil of Receipt Attached)

Signature of user

Lab. Assistant

Signature of Instrument in Charge

Note- Forward form to Accounts section immediately preferably within 05 days

### Transaction details

Amount deposited vide UTR/ref no \_\_\_\_\_ dated \_\_\_\_\_ (Counterfoil attached)

Signature of depositor



भारतीय प्रौद्योगिकी संस्थान रोपड़  
INDIAN INSTITUTE OF TECHNOLOGY ROPAR

नंगल रोड, रूपनगर, पंजाब-140001/Nangal Road, Rupnagar, Punjab-140001

Email: hrms@iitrpr.ac.in

Phone:01881-242293

Website:www.iitrpr.ac.in

**ANALYSIS REQUISITION FORM**

[ ] LCMS [ ] LC/MS-MS [ ] HRMS [ ] LC-HRMS [ ] MS-MS [ ] DIRECT MASS

Sample Name/Number:.....Mol.Wt./Mass Range:.....

Date & Time:..... Ionization type: [ ] ESI Pos. [ ] ESI Neg. [ ] Both

Sample Toxicity: [ ] Non toxic [ ] Unknown [ ] Toxic  
(Explain):.....

Solubility:.....

Remarks (If any) :.....

Amount paid:.....Draft No.....Dated:.....

Billing Details:	Send To :
Billing Name:	In-charge HRMS, Room No-351(HRMS LAB), Department of Chemistry, Indian Institute of Technology Ropar, Nangal Road, Ropar, Punjab-140001.
Address:	
E mail:	
Phone:	

- If you would like to share the structures of respective samples, please use backside of this sheet. Kindly share the Molecular formula of the respective samples for HRMS analysis.
- Send the self addressed envelope with registered stamp if hard copy of bill is required.
- Kindly always mention the mode of ionization, because charges are applicable for only one mode of ionization either in positive or in negative.
- **Sample requirement:** 2-5 mg in solid or liquid form.

**Signature of the Instrument In-charge.**