

**SINGLE CRYSTAL X-RAY DIFFRACTOMETER  
ANALYSIS REQUEST FORM**  
Crystallography Facility, DST-PURSE Laboratory, Mangalore University

Name of applicant:

Name of the Supervisor:

Name of the institution:

Address:

Tel. no.:

E-mail:

Billing address (for Non-Mangalore University):

Amount chargeable: No. of samples \* Type of experiment =

Total = Rs.

In words: Rupees

The D.D. title consists of The COORDINATOR, DST-PURSE, State Bank of India, Mangalagangothri

Account No: 31997257600

IFSC code: SBIN0008034

D.D. details (D.D. No and amount):

Type of experiment: 1. Cell parameters (crystal system, a, b, c,  $\alpha$ ,  $\beta$ ,  $\gamma$ ) (Rs. 500/sample)

2. Data collection, structure collection and refinement (Rs.4000/sample)

*Sample Details:* Sample ID's: \_\_\_\_\_ (Alphanumeric)

*Description of sample:*

Air-stable     Air- and moisture-sensitive     Temperature-sensitive     May contain solvent in the lattice     Toxic

Other analyses performed?     IR     NMR     Mass Spec     MP

Color: \_\_\_\_\_

*Indicate all solvents the compound has been exposed to:*

Acetone/MeCN/benzene/CHCl<sub>3</sub>/CH<sub>2</sub>Cl<sub>2</sub>/ Dichloroethane / DMF/ DMSO/ EtOH/ ether/

EtOAc/ heptane/ hexane/ MeOH/ pentane/ THF/ toluene/ H<sub>2</sub>O/ or specify:

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SYNTHETIC ROUTE (Show the reaction, desired compound (IUPAC Name) and byproducts if known): PROPOSED STRUCTURE AND MOLECULAR FORMULA

Other Information (If any):

*Declaration:*

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangotri- 574199.
2. For each publication shall carry the following acknowledgement: “This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangotri”. In addition, if we receive help from instrument incharge, the same will be acknowledged suitably, either in the acknowledgement or as a co-author.

*Signature (Candidate)*

*Signature and Seal (Supervisor)*

*Signature and seal  
(Chairman/ Head of the  
department)*

**FOR OFFICE USE ONLY**

Accepted date	Payment details	Comments

*Signature and Seal (Scientific Officer)*