

University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date _____

Requisition form for using the facility of ITC

1. Name of the Scholar _____
2. Name of the Supervisor _____
3. Sample Code _____
4. Sample Composition _____
5. Buffer Type _____
6. Concentration _____
7. Number of Samples _____
8. ITC Experiment i) Binding Constant ii) Enthalpy iii) Stiochiometry

Remarks

- i) Submit the sample in between 10.00 am to 10.30 am.
- ii) The sample must be homogeneous.
- iii) The Syringe sample concentration should be 10x to that of the sample cell.
- iv) Data can be collected on CD/DVD only. Data will not be provided through pen drive or e-mail.

Signature of Student / _____
Scholar
Course _____
Contact Number _____

Signature _____
of the Supervisor
Department
(with Seal) _____

Signature _____

Director, USIC