



Tarsadia Institute of Chemical Science

Maliba Campus, Gopal Vidyanagar, Uka Tarsadia University
Bardoli Mahuva Road, TARSADI, Dist: Surat - 394 350,
Gujarat (INDIA)



Requisition form for use of Microwave Synthesizer

Date: __/__/__

Name of Applicant: _____

Position: _____

Institution/ Organization: _____

Email ID & Contact Number: _____

Name of Supervisor: _____

Sr. No	State of the compound/Reaction mixture	Name of Catalyst to be used if any (Please specify)	Microwave intensity in Watt	Time required to carry out the reaction	Temperature
1					
2					
3					

The solvent used in the reaction: _____ BP of Solvent: _____

Signature of the Applicant

Signature of the Supervisor

Signature of Operator

Signature of the instrument in charge

Sample requirements:

- 1) Reaction mass should not contain any **metal/ metal complexes/metal salt**. (Example: Cu Metal or CuSO₄).
- 2) pH of the reaction mixture must be **Neutral**.
- 3) Reaction mass should **minimum 10 mL**.