

XRD Requisition form Internal User

Name : _____ **Date:** _____

Designation : _____

Supervisor Name : _____

Department/Centre : _____

Email-Id : _____ **Mobile No.:** _____

Number of sample(s) : _____

Samples Code(s) : _____

Nature of the Sample(s) : **Powder / Pellet / Film / Other:** _____

Angle (2θ) range : _____ **# Toxic / Non-toxic**

Scan Type: Normal / Slow / Custom Scan* (Step size _____, Time per step _____)

Signature of the User Signature of the Supervisor Signature of the XRD In-charge Signature of the Head/CFRD

Charges:

Research Scholars / Faculty:

Normal XRD: Step size 0.01°, Time/step 0.2S for 10° to 80° 2θ range) - Rs. 400/-*

Slow Scan per hour: Rs.500/-*

High Temp. XRD Measurement: Rs. 2500/-*

* Charges vary based on conditions

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