



DEPARTMENT OF CHEMISTRY  
INDIAN INSTITUTE OF TECHNOLOGY MADRAS



## Sample Submission

- The users should fill up the form (given below) and submit it with the sample
- Each sample has to be listed separately.
- Please specify the molecular structure, if known; molecular formula and solvent used.
- External samples will be analyzed in que at a fixed rate

## Payments

- External users, please call and confirm the status of the instrument and then
- Draw a DD in favour of "**The Registrar, IIT Madras**" for the appropriate amount or you can swipe the card for the appropriate amount using swipe machine available in the department office with the sample.

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The **Single crystal XRD instrument** is currently located in **ACB-109** and you are welcome to visit the room after prior appointment

## Fees

### Academic and Govt. Institutions

- |   |                    |
|---|--------------------|
| 1. <b>Unit cell determination</b>                                       | Rs.750 per sample  |
| 2. <b>Data collection with structure solution</b>                       | Rs.5000 per sample |
| 3. <b>Data collection using Liquid Nitrogen with structure solution</b> | Rs.6000 per sample |

### Industries and non Govt. Institutions

- |   |                     |
|---|---------------------|
| 1. <b>Unit cell determination</b>                                       | Rs.2500 per sample  |
| 2. <b>Data collection with structure solution</b>                       | Rs.20000 per sample |
| 3. <b>Data collection using Liquid Nitrogen with structure solution</b> | Rs.25000 per sample |

## Contact

**In-Charge / Mr. V.Ramkumar**  
**Single crystal XRD**  
Department of Chemistry, IIT Madras  
Chennai 600 036.

Ph: 044-2257 5244, Fax : 044- 2257 4202

Email: [cyoffice@iitm.ac.in](mailto:cyoffice@iitm.ac.in)

Job No: \_\_\_\_\_

Internal users only

**DEPARTMENT OF CHEMISTRY, I.I.T Madras**

**Single Crystal XRD Request Form**

Name of the Student : \_\_\_\_\_ Date: \_\_\_\_\_

Students Roll no : \_\_\_\_\_ Tel no: \_\_\_\_\_

Name of the Guide : \_\_\_\_\_ Mobile: \_\_\_\_\_

**DATA COLLECTION @  Room Temperature /  Liq. N<sub>2</sub>**

Sample ID / Name :

Formula / Elements present :

Solvent used :

Moisture Sensitive  Air Sensitive

Other Techniques used: NMR  Mass Spectrum  CHN  IR

**Please draw the expected structure below**

**I hereby agree to acknowledge the data and results obtained from this instrument in publications and thesis.**

**Signature of the Student**

**Signature of the Guide**

**Coordinator's Signature**  
**(Signature with Date and time)**

Date of Data Collection :

Job No: \_\_\_\_\_

External users only

**DEPARTMENT OF CHEMISTRY, I.I.T Madras**  
**Single Crystal XRD Request Form**

Name of the Student : \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Guide : \_\_\_\_\_

Tel no: \_\_\_\_\_

University /College : \_\_\_\_\_

Email : \_\_\_\_\_

Address for Communication : \_\_\_\_\_

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**SERVICE REQUESTED**

- |   |  |
|---|--|
| 1. Data collection in room temp. <input type="checkbox"/>         | 3. Unit cell determination <input type="checkbox"/>  |
| 2. Data collection in liq. Nitrogen temp <input type="checkbox"/> | 4. Structural determination <input type="checkbox"/> |

**Description of the sample**

Sample Code : \_\_\_\_\_

Elements / Formula : \_\_\_\_\_

Solvent used : \_\_\_\_\_

**Please draw the expected structure below**

I hereby agree to acknowledge the data and results obtained from this machine in publications and thesis.

**Signature of the Guide with Seal**

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Payment Details: DD No: \_\_\_\_\_

Bank: \_\_\_\_\_

Amount Rs: \_\_\_\_\_