

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: Auth No/ UPI transaction:

Bank:

Amount Rs: