

Job No. _____

Internal users only



DEPARTMENT OF CHEMISTRY, IIT MADRAS – 36

D8 Advance Powder XRD Request Form

Name of the student : _____

Date: _____

Roll No.: _____

Name of the Guide : _____

Tel. No. _____

Email id : _____

S.No.	Sample code	Description	2 θ range	Remark

The samples submitted herewith for powder XRD are for the research work of the above mentioned student/researcher only. Acknowledgments for the data gathered on this machine will be made in the resulting publications and thesis.

Signature of the Guide

Received on :

Analysed on:



DEPARTMENT OF CHEMISTRY, I. I. T Madras, Chennai-36

REQUEST FORM FOR EXTERNAL USERS

Name of the student : _____ Date: _____
Department : _____
Name of the Guide : _____ Tel No.: _____
Institution : _____
Billing Address : _____

Email id : _____

A maximum of five samples will be accepted at a time

S.No.	Sample code	2 θ Range	Remark

The samples submitted herewith for powder XRD are for the research work of the above mentioned student/researcher only. Acknowledgement for the data gathered on this machine will be made in the resulting publication and thesis.

Signature of the Student

Signature of the Guide with Seal

On line Payment details / UPI Transaction ID . _____

Amount: _____

For Office use:

Invoice number: _____

Received on: _____

Auth. code : _____

Analysed on: _____