

INTERNATIONAL RESEARCH CENTRE
REQUISITION FORM FOR XRD DATA COLLECTION

1. Name of user (Mr. / Ms. / Dr.) :
2. Designation :
3. Department :
4. Institution name and address :
5. E-mail ID :
6. Mobile number/ Phone number :
7. Purpose : UG/ PG/M.Phil. Project work/ Ph.D. work/ Research
8. Number of samples :
9. Details of the samples :
10. Scan range: Step size: Time/step:
11. Type of scan : Normal/ Slow Scan
12. Type of analysis : XRD pattern
13. Type of output : e-mail
14. DD details and date :

Certified that the above request is for academic purpose and the charges may kindly be collected accordingly.

Signature of the Applicant

Signature of the Research Supervisor
Head of the Department/ Principal
with office seal

Date

Note: Samples should be accompanied with demand draft drawn in favour of "The Vice-Chancellor, Kalasalingam University' payable at Rajapalayam. The recorded data will be sent through E-mail only