



# National Institute of Advanced Manufacturing Technology

## Central Instrument Facility

### Requisition form for X-Ray Diffraction: Phase Analysis

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

Name of the user:	Name of the supervisor:
Course: Ph.D. / M. Tech / B. Tech / ADC	Department:
Contact No.	No. of Samples submitted:
Email ID:	Nature of samples: Hazardous / Non-hazardous

**Test/s to be done:** Please provide the following details:

S No.	Sample Name	Solid/Liquid /Powder	Scan Range $2\theta=$ to__	Scan Speed ___°/min	Step size	Sample Recollection (Yes / No)

Remarks, if any:

Signature of user

Signature of supervisor

Signature of HOD

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### For CIF Use

Date of Completion:

Signature of Technician

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### Details of Payment

Name of the user/payer:	
No. of samples/test to be done:	
No. of 30 min. slot required:	
Total amount paid:	Rs.
Date of Transaction:	
Mode of Payment:	UPI app (G-Pay / Phonepe / Paytm / Whatsapp / others) / NEFT / IMPS
Transaction ID:	
Copy of transaction attached:	Yes / No

Signature of user