



National Institute of Advanced Manufacturing Technology

Central Instrument Facility

Requisition form for X-Ray Diffraction: Phase Analysis (CPDA users)

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:

Payment Details

No. of samples/test to be done:	
No. of 30 min. slot required:	
Total Amount (Rs.)	
Total amount to be deducted from	CPDA of Prof./Dr. _____

Details are entered in CPDA register book at page No. _____ and serial no. _____

Signature of user

Signature of supervisor

Signature of HOD

For CIF office use – XRD Facility

Details are entered in XRD lab register book at page no. _____ and serial no. _____

Date of Completion:

Signature of Technician

Amount to be transferred Rs. _____

Signature of Chairman – CIF

Note: Duly filled SP-02 form needs to be attached with this requisition form.