**Central instrumentation FACILITY**

**B.i.t., MESRA**

**Requisition form for XRD\ High Temp. XRD\ XRR\ SAXS\ GIXRD\ (Pole-figure)Texture Analysis**

Ref. No. \_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of User: Designation of User:

Contact No. Email ID:

Purpose of analysis: No. of Samples:

Name of Guide/Supervisor: Department:

Details (Chemical, Physical, Radioactive, Hazardous, others):

**Details of samples submitted:** Please provide the following details: .

|  |  |  |
| --- | --- | --- |
| Sample Specification | Analysis Condition | Sample Recollection (Yes/No) |
| Sl No.  | Sample Name | Solid/Liquid/Powder | Scan Range 2θ =\_\_~\_\_ | Scan Speed \_\_\_◦/min | Power  | Type of Detector | Temp. |
| kV | mA |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

*N.B.: If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.*

Details of account to be charged:

1. Department:
2. Project:
3. Individual:
* **User is requested to adopt standard technique for preparation of samples before giving them**.
* We agree to acknowledge CIF, BIT, Mesra, Ranchi in our publications and thesis if the CIF instruments results are incorporated/ used in them.

Signature of User: Signature of Supervisor: Signature of HOD:

FOR CIF USE

Ref. No. Date of Receive: Date of Completion:

Name & Signature of Teacher In charge:

FOR OFFICIAL USE

Amount to be transferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended/ Not recommended

Approved/ Not approved

Head Vice Chancellor

C.I.F. B.I.T, Mesra

**For Account Office**

Account officer is being advised to transfer Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_only) as analysis charge from Mr. /Mrs./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the account of Central Instrumentation Facility.

Head

Central Instrumentation Facility

* Please bring FRESH CD ONLY for collection of results. Used CDs or PEN Drives are not allowed.