NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
DEPARTMENTAL INSTRUMENTATION FACILITY
DEPARTMENT OF CHEMISTRY

XRD Requisition Form

To be filled compulsorily, otherwise the request will not be accepted.

Name of the Applicant	
Contact No (s)& Email ID	
Name of Supervisor	
Department	
Institute	
Address	
Payment details (DD No./Cash Deposit Slip)	

Sample Code	Start (2Θ)	End (2Θ)	step size (0.02)	Measurement time	Powder/ ThinFilm	Expected Peaks at (Angle)

☐ Toxic ☐ Corrosive ☐ Radioactive * composition of sample :

** If the sample(s) present any danger to the personnel or equipment or stipulates any special treatment As Protocol, appropriate instructions are to be provided.

Important Instructions:

- The maximum allowed Hours per slot is 4
- Continuous slot booking is not allowed; all users have equal priority.
- The slot will be cancelled if the user is absent at the allotted time.

For tariff details Scan here

Signature of the User
Date:

Signature of the Supervisor with stamp
Date:

A total amount (Including 18% GST) of ₹_____/- (In words_____ only) towards testing of all the above samples shall be paid from the DOC of our department to the F590 account.

Signature of the HOD with Stamp/Seal
Date: