NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
DEPARTMENT OF MMED

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 **6**
- 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: