

**Deenbandhu Chhotu Ram University of Science & Technology, Murthal,  
Sonapat, Haryana 131039**

**Department of Physics**

**REQUISTION FORM FOR XRD CHARACTERIZATION**

(Separate forms to be filled by user for different sample series)

Date:

Name of the User :  
Department/ Institution/ Affiliation :  
Complete Address :  
Phone Number :  
Email :  
No. of Samples with Code :

Information for measurement :  
( $2\theta$  range, scan rate)  
Special Information about the sample :  
Hazardous/ Hygroscopic/Special :  
cautions etc.  
Name & Designation of :  
Forwarding Authority (FA)/ PI

Signature of Research Scholar

Signature of P.I./ F.A.

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**For Office Use**

Date & Slot allotted for measurement:

Operator Name:

Chairman (Physics)