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**Requisition form for using the facility at CIF:**

Date : - .....

1) Request for the use of : **High Resolution X-ray diffraction (HRXRD)**

2) **User details :**

User's Name : .....

User's Tel. No.(Mobile) : .....

User's Email ID: .....

Supervisor's Signature  
(with seal)

Name :

Department :

3) Measurement instructions for the operator:

a) Specify nature of the sample (powder, pellet, thin film...) .....

b) Two theta range .....

c) Scan rate .....

d) Scan speed .....

e) Specify Mode ( $\Theta$ -  $\Theta$ ,  $\Theta$ - $2\Theta$ ) .....

f) Specify any other special instructions/measurements/analysis you wish to make .....

4) No. of Samples .....  
(To be submitted in sealed and labeled vials, and attached to this requisition form)

**Instructions for the users**

- i) Samples to be attached with this requisition form (Properly labeled vials in an envelope)
- ii) On the **Tentative booking date given below**, the user should be present during the measurements, and collect the date on their CD at the end of the day.

+++++ for USIC office use only +++++

a) Application No. ....Instrument booked .....

b) User Name / Dept. ....

c) Tentative Booking schedule for the measurements Date ..... Time .....