

University Science Instrumentation Centre (USIC)

University of Delhi, Delhi-110007

Date _____

Requisition form for using the facility of High Resolution X-Ray Diffraction (HRXRD)

1. Name of the Scholar _____
2. Name of the Supervisor _____
3. Measurement Instructions for the operator:
 - I. Specify nature of the sample (Powder, Pellet, Thin Film) _____
 - II. Two theta range _____
 - III. Scan rate _____
 - IV. Scan Speed _____
 - V. Specify mode (0-1, 0-20) _____
 - VI. Specify any other special instruction / measurements / analysis you wish to make: _____
 - VII. No. of samples _____
(To be submitted in sealed and labeled vials, and attached to this requisition form)

Instructions for the Users

1. Sample to be attached with this requisition form (Properly labeled vials in an envelope)
2. On the Tentative Booking date given below, the user should be present during the measurements, and collect the data on their CD at the end of the day. Pen drives will not be allowed.

For USIC office Use only

Application No. _____ Instrument booked _____

Tentative booking schedule for the measurements Date _____ Time _____

Signature of Student / _____
Scholar _____
Course _____
Contact Number _____

Signature _____
of the Supervisor _____
Department _____
(with Seal) _____

Signature _____

Director, USIC