

## **Integral Centre of Excellence for Interdisciplinary Research (ICEIR)**

Central Instrumentation Facility (CIF)

## **Integral Laboratory for Chemical Analysis & Research (IL-CAR)**

## REQUISITION FORM Instrument Facility: XRD

	Date:
Name of Candidate:	
Department/Branch:	
Samples: a) Number	
b) Labelling.	
c) Quantity: (Sample should be sufficient in quantity (approx. 800mg) and should be finely powdered, after analysis	
sample can be recovered):	
d) Nature: i) Toxic/Hazardous/Radioactive	
(If YES, attach committee approval)	
ii) Light/Temp Sensitive	
Expected scanning rate (if any)	
<b>Undertaking:</b> I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing my sample(s). I/We shall not claim for any damage/harm of my sample(s) submitted for analysis. I/We shall give due acknowledgement in publications by mentioning "The authors are thankful to the Integral Referral Laboratory for Chemical/Biological Analysis & Research, CIF, Integral Centre of Excellence for Interdisciplinary Research (ICEIR) for providing necessary facilities and technical support''.	
Candidates Signature Contact No. E-mail:	Supervisor/HOD (Signature with Date)
(For CIF, ICEIR use only)	
Lot No: Sample Analysis Date: Reporting date:	Faculty In-charge (Signature with date)

Director ICEIR/Dean R&D (Signature with date)