



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE
 Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition for XRD Analysis

Sample Submitted by	Details of the Guide
Name :	Name :
Department :	Department :
Contact No. /Email ID:	Contact No. /Email ID :

Category : University of Mysore Other University/Institution Industry

Sample Information

Submitted Date :	Structure/Molecular formula/Molecular weight
Sample Name/ID :	
No. of samples :	

Sample Properties:

Protein Organic Inorganic Metal organic

Sample to be returned after analysis: Yes No (If No, please enclose disposal procedure in attachment)

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, XRD Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Signature of the Student

Signature of the Guide (With seal)

Signature of Instrument In-charge

For Office Use Only

Journal/Challan No:

Amount in Rs:

Date of Receipt:

Name of the Bank and Address:

Allotted Date and Time..... Duration.....

Analyzed by

Principal Scientist