CENTRAL SOPHISTICATED INSTRUMENTATION FACILITY

UNIVERSITY OF CALICUT

REQUISITION FORM FOR POWDER XRD ANALYSIS

UOC Affiliated	☐	Other Academic Institutes	☐	R&D Lab/Institutes	☐	Industries	☐

Date: __ __/__ __/__ __

1. Name: ……...……. …….2. Designation: ……...…….

3. Billing Address: ……...…….....

4. E-mail Id: ……...……..…5. Mobile Number: ……..…….…....

Sample Details:

No. of Samples: .....

Scan Angle: From ..... to..... Step Size: ..... Scan Time: .....

Sl. No.	Sample ID	Type (Powder/ Thin Film*)	Sample Composition	Sample Nature (Toxic/ Flammable/ Radio Active...)	Special requirements if any in terms of measurement
1					
2					
3					
4					
5					
6					

Note: *Powder Sample: Should be fine powder and quantity of 500mg at least.
*Thin Film: Substrate thickness should be ~1 mm & Size 1 × 1 cm; Coating should be uniform and thin (~50 µm)

TERMS AND CONDITIONS

1. Please specify the nature of your sample if it contains any toxic/ flammable/ hazardous/ explosive component. If the sample causes any harm at any instance of the analysis, it will be the responsibility of the user to suitably compensate CSIF for the same.
2. Potentially hazardous samples will not be accepted for analysis.
3. The results provided by CSIF will depend on your sample. However, any clarification regarding the results has to be cleared in a week from the date of despatch of results.
4. The samples will be stored only for two weeks after analysis.
5. All users are required to acknowledge CSIF, University of Calicut while publishing the results in journals, dissertation, thesis etc. A copy of such publication must be submitted to CSIF for reference and record via Email: csiftechnical@uoc.ac.in
6. The charges have to be paid at the time of delivery of samples for analysis. All the payments should be made to the CSIF, University of Calicut.
7. Partially filled form and form without office seal will be summarily rejected.

I/We agree to the above terms and conditions.

Signature of user | Signature of Supervisor | Signature of Head of Institution/Department. (with seal)

FOR OFFICE USE ONLY

Request No. and Received date :
Name of Operator :
Date Completed :
Invoice Number and Date :
Challan/DD No. and Date :

Signature of the operator