



CRYSTAL GROWTH CENTRE

UGC National Facility

Anna University, Chennai-600025

Sample analysis requisition form for X-ray Diffraction Analysis (XRD)

Name of the Student / User	
Course Registered	
Project title under which working	
Nature of fellowship	JRF/ SRF/ RA (Please Specify)
Name of the Department with full address	
Email-Id/ Mobile Number	
Number of samples with brief description of the sample	
Nature of the sample (solid samples only)	Fine Powder / Thin Film(Minimum 1cm X 1cm)
Types of scan	Normal Scan/ Slow Scan Angle Range: ; Step Size:
Analysis to be carried out	
Name & Address of the Guide with e-mail/Tel contact	
Signature of the Student / User	

Certified that the sample submitted belong to the user mentioned above. We agree to acknowledge the usage of the facility in all publications arising out of the usage of the **Crystal Growth Centre-UGC National Facility**. The details of publications will be intimated to **Crystal Growth Centre**.

Signature of the Guide with seal

Signature of the H.O.D/Director (Student/User) with seal

For office use

Signature of the Director Crystal Growth Centre	
Requisition Number	
DD Details	No: Amt: Bank:
Date of completion	
Operator	

Note: DD should be drawn in Favour of “**The Director, Crystal Growth Centre, Anna University, Chennai-25**” Payable @ Chennai. Data will be supplied only in the **New Compact Disc** provided by the user.

Acknowledgement: Received the data on completion of analysis.

Name:

Signature:

Date: