

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 the nature of the sample (Powder, Pellet, Thin Film) _____
 - II. Two theta range _____
 - III. Scan rate _____
 - IV. Scan Speed _____
4. Specify any other special instruction / measurements / analysis you wish to make: _____
5. No. of samples:.....(To be submitted in sealed and labeled vials, and attached to this requisition form)

Minimum sample requirements: Powder - 3 gm
Solid/Film/Pallet - below 1.8cm x1.8cm
6. Sample Name:1,2,_____,3,_____,4,_____,5,_____
7. Grazing Incidence Angle (For thin film XRD):.....
8. Pl. Specify if sample is ***Toxic/ Hazardous/ Explosive/*** etc.:

Temperature Measurement (If required) Range: -150 C to 400 C

- I. Melting point & decomposition temperature (approximate value):
- II. Please specify the elements of composition formula:
- III. Please write the scan temperature range :

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 date on their CD at the end of the day. Pen drives will not be allowed.

Signature of Student / Scholar Course Contact Number	_____ _____ _____ _____	Signature of the Supervisor Department (with Seal)	_____ _____ _____
---	----------------------------------	---	-------------------------