

Slot schedule:
 Date: _____ Time: _____

**2D X Ray Diffraction Lab, Central Research Facility
 Indian Institute of Technology Kharagpur – 721302**

Requisition No.: _____ **Date of submission:** _____

IMPORTANT NOTES:

- i. The form must be filled completely and properly; otherwise, it will be cancelled.
- ii. Powder samples are not allowed. Samples must not contain volatile, corrosive, toxic and radioactive substances and moisture; and/or these substances must not be evolved during the test
- iii. The sample composition and how it is prepared must positively be mentioned in **section 2**.
- iv. Any false justification about sample history will be taken seriously

I. User's Profile:

Name of the User, degree pursuing: _____

Department, Institute: _____

Mobile Phone No.: _____ Email: _____

Tentative title of the Thesis / Project: _____

Name and email of the Guide/Supervisor: _____; _____

II. Sample composition: _____

Caution: Sample dimension allowed: 15 mm X 15 mm X 10 mm; Samples must not contain volatile, corrosive, toxic and radioactive substances and moisture; and/or these substances must not be evolved during the test. Provided slots will be cancelled if the lab operator or the lab-in-charge is not satisfied with the sample quality.

III. Test/s to be done:

Sl No.	Nature of test	Slot duration	No. of slots needed	No. of samples to be tested
01	Phase scan	1 hr (2 slots) 4samples		
02	GIXRD	1 hr (2 slots) 2samples		
03	Stress analysis	2 hr (4 slots) 2 samples		
04	Texture	2 hr (4 slots) 1 sample		

Charges	Duration	Amount in INR
Internal (Institute)	1 slot =30 min	300
Internal (Project)	1 slot =30 min	1000
External (Academic/ R&D)	1 slot =30 min	2000
Industry	1 slot =30 min	4000

Signature of the user

Date:

Signature of the Supervisor
(for Students/RS/Project Staff)

Name of the supervisor (in CAPITAL LETTERS) _____

IV. User Charge:

INTERNAL

Please transfer an amount of ₹_____ from the Operating Grant of the Department / Centre, account no. ----- in SRIC Account No. 95562010000805. Slots will be provided once the proof of fund transfer is provided.

Dy. Registrar (F&A)

HoD / HoC
(with date and seal)

PROJECT

Please transfer an amount of ₹_____ from the sponsored / consultancy project code _____ to the XYZ1 account in SRIC. Slots will be provided once the proof of fund transfer is provided.

Asst. Registrar (SRIC)

Principal Investigator
(with date and seal)

EXTERNAL

I agree to transfer the required amount to Account No. 95562010000805, IFSC Code: CNRB0019556.

Name of account holders: - SRIC, IIT KHARAGPUR OR

I agree to pay* the required amount to **The Dean, SRIC, IIT Kharagpur** for the above work through the demand draft/cheque number _____ dated _____.

Signature of the user

Declaration about Usage Charge

- I agree to transfer the amount of Rs. _____ from the Scheme / Project / FDF entitled (with SRIC Code) _____.
- If any part of the instrument gets damaged owing to the nature of the sample, the entire cost of repair will be borne by my project fund.
- “XRD Lab, Central Research Facility, Indian Institute of Technology Kharagpur” will be acknowledged in all publications (research papers, reports, thesis etc.) based on this work. A copy of the publication will be submitted to the 2D-XRD Lab through e-mail to 2dxrdcrfiitkgp@gmail.com

Signature of the Project Investigator / Supervisor (with seal)

Chairperson CRF

Deputy Registrar (F&A) / Asst. Registrar (SRIC)

To be filled up at the 2D-XRD Laboratory

Name of the Operator:

Designation:

Date of Measurement:

Signature of the Operator