



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

Requisition Number: \_\_\_\_\_ Date of submission: \_\_\_\_\_  
 Slot Schedule: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**IMPORTANT NOTES:**

- 1) The form must be filled completely and properly; otherwise, it will be cancelled.
- 2) Moisture; and/or these substances must not be evolved during the test
- 3) The sample composition and how it is prepared must positively be mentioned in section 2.
- 4) 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.: \_\_\_\_\_

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
1	Phase Scan	1 hr. (2 slots) 4samples		
2	GI XRD	1 hr. (2 slots) 2samples		
3	Stress Analysis	2 hr. (4 slots) 2 samples		
4	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	360
External (Academic/ R&D)	1 slot =30 min	2000+ 18% GST
Industry	1 slot =30 min	4000+ 18% GST

**Declaration by the User**

*If any part of the instrument gets damaged owing to the nature of the sample, the entire cost of repairing of the instrument or the instrument part will be borne by the concern department/project/institute.*

Signature of the user (Students/RS/Project Staff):

Date:

Name of the supervisor (in CAPITAL LETTERS): \_\_\_\_\_

**To be filled up at the 2D-XRD Laboratory**

**Name of the Operator:**

**Designation:**

**Date of Measurement:**

**Signature of the Equipment Operator**