

***Department of Physics***

Form for XRD Characterization

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| ***Date:-***  Name:-  Designation [ Faculty/Student (MSc/PhD/RA/PA)]:- |
| Mobile No. & Email ID :-  Workplace (Industry/ Govt.Labs./ |
| Academic Institute/VNIT):-  No. of Sample(s):-  Sample Code (s) :-  Chemical Composition:-  ( Not mandatory)  Nature of Sample(s) :-  (Solid/Powder)  Amount of Sample(s) : Charges :- ( with receipt voucher no.-------------------):Rs.:------------------------  Any comments/Instructions:-  **Any other information ( May be filled during Data collection)**  X-ray Source/Power :- Whether Normal Scan/Slow Scan/ Grazing Incidence  Usable Scan Range ( Start angle 2 and End angle 2):- Speed:- Step Size:-  Whether Sample Contains Iron:-  Any other Precaution:  Operator’s Name with Signature:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Conditions:** For any damage or loss of samples Deptt. of Physics will not be responsible.

**Declarations:-**

* Samples submitted should be non- toxic / non-hazardous and the samples should not require any special precaution while handling and should be collected after data collection.
* For any damage to instrument during data collection because of my sample, I will pay the damage cost.

**Student Signature**

**Student’s Supervisor**

**(Name, Designation and Seal) Faculty In-Charge of XRD**

**Head of the Department Physics**

**Acknowledgement:-**Please mention wherever this Data will be reported in the Acknowledgement **“ For XRD Characterization at Department of Physics, VNIT, Nagpur supported by DST FIST Project no.SR/FST/PSI/2017/5(C)”and please submit a copy of accepted/published article/publication in Physics Dept for record.**

**---------------------------------------------------------------------------------------------------------------------------**The above work has been done satisfactorily on ----------------- and generated data has been delivered to me.

**Operator’s Name with Signature: Student Signature**