

***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 IncidenceUsable 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**