



BITS Pilani
K K Birla Goa Campus

Central Sophisticated Instrumentation Facility (CSIF) Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus



REQUISITION & PAYMENT FORM **(Powder X-Ray Diffractometer)**

Model: Bruker D8 Advance

User Name: Unique ID (UIN):
Department: University / Institution:
Email Address: Contact Phone/Mobile No:

SAMPLE INFORMATION

Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....

S. No.	Sample code* (UIN – X*)	Sample Description Powder/Pellet/Thin film	Analysis Details	2 θ angle	Scanning Rate (Degree/min)

Please provide any other important information on a separate sheet (e.g. toxic samples)

PREFERRED SLOT TIMING:

I certify that my samples **do not** present any danger to the personnel or equipment and I have provided the appropriate handling instructions for safety to the operator before analysis. I hereby declare that no radioactive sample has been forwarded for analysis.

I/We shall acknowledge the CSIF, BITS PILANI, K K Birla Goa Campus while publishing/reporting the results in journals/conferences or elsewhere.

PAYMENT DETAILS

S.No.	Nature of Analysis*	Rate	Number of samples	Total
Total				

Payment Details:

Source of funding & Details:

Total Amount Paid: Rs. _____/- Date: ____/____/____

User with date

HOD/Supervisor/PI

Technical In-charge

Accounts Office