



Central Instrument Facility, IIT (BHU), Varanasi-221 005
Internal Requisition Form BT-XRD



Nature of Work: UG/PG/IDD/PhD./PDF/Project/ Consultancy/ Industry. (Pl. Tick)

Req. No.:

User Information

Name of Indenter:

Name of Supervisor/PI (in case of PhD/Dissertation/Project): Employee ID:

Name & Address of Department/School:

Phone Number: Email:

Date:

Number of Samples: **(Maximum Five Sample in One Form)** **Signature of the indenter**

Minimum sample requirements: **Powder** - 3 gm
Solid/Film/Pallet - below 1.8cm x 1.8cm

- Sample Name: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
- Sample Type : (Solid _____ /Film _____ / Powder _____) **(Tick Appropriate)**
- Step Size :
- Scan Rate : **(If below 5^o/min pl. provide requirement justification)**
- Range of theta (2θ):
- Grazing Incidence Angle (For thin film XRD):.....
- Pl. Specify if sample is **Toxic/ Hazardous/ Explosive/** etc.:

Do you want to present during the characterization or not?

Sample required be to preserve or not: Yes/ No (If NO mode of disposal):

Signature & Remark of Operator: *Date & Time*

Requisition Number (CIF Office will provide) :	
Payment:	
A. Faculty Research Support Grant / CPDA	
Project Contingency (Project code)	
B. Department/School Operating Grant	
Pl. Deduct Rs.	
CIF: Professor In charge	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">For A: Faculty Member/PI (Signature with seal)</div> <div style="width: 45%;">For B: HOD/Coordinator (Signature with seal)</div> </div>

FOR USE IN FINANCE OFFICE

Expenditure may be debit/credit to:
Minor Head: **Support Activities**
Minor Sub Head: **Income from Central Instrument Facility**

<u>PASSED FOR PAYMENT/ ADJUSTMENT</u>			
For Rupees			
Asst.	S.O.	A.R.	D.R.