



**X-Ray Diffraction (XRD) Facility
Central Sophisticated Instrumentation Centre (CSIC)**

Requisition Form

To be filled compulsorily, otherwise the request will not be accepted.

Name of the Applicant	
Contact No (s)& Email ID	
Name of Supervisor	
Department	
Institute	
Address	
Payment details (DD No./Cash Deposit Slip)	

Sample Code	Start (2θ)	End (2θ)	Powder/ Thin Film	SAXS/ Crystal structure	Possible Elements/ Comp. present	Expected Peaks at (Angle) *	Toxic/Corrosive/Radioactive etc. **

* Provide reference data, image, published papers for best results
 ** If the sample(s) present any danger to the personnel or equipment or stipulates any special treatment as protocol , appropriate instruction (s) are to be provided..
 Please acknowledge CSIC, Dibrugarh University in your publications and furnish details of publications over Email : csic@dibru.ac.in

Signature of the Applicant

Signature of the Supervisor/
Head of the Institution

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For Official Use

Countersigned :

Signature of the Dean,
School of Science and Engineering,
Dibrugarh University

