

SHIV NADAR UNIVERSITY

Single-Crystal X-ray Diffraction (SCXRD) Facility

School of Natural Sciences, Department of Chemistry, Dadri, UP-201314

Tel: 0120-3819100-EXT-425

Requisition Form for SCXRD Experiment

S. No. (to be filled by office).....

Date.....

Name of Chief Investigator/PI:

User Name:

Designation of user:.....

Address:

Tel/Mobile No:.....Email id.....

Nature of Experiment (Cell check/data collection).....

Sample Information

Sample ID (PI initial_User initial_Dept_short sample ID):

No. of sample(s):

Experiment temperature (RT/LT/HT)..... Hazard/Toxicity.....

Chemical Formula:

I/ We undertake to abide by the safety and sample preparation guidelines and precautions during the testing of my samples. I/We shall not claim for any damage /harm to my samples submitted for the analysis by the SCXRD equipment.

Signature of user with date

Signature with date

(User Faculty/head of Institution/Chief investigator/PI)

Signature of Instrument In-charge

Signature of faculty In-charge