

Shiv Nadar Institution of Eminence SCXRD Facility

NH91, Tehsil Dadri, Greater Noida, Uttar Pradesh 201314

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Requisition Form* (Put a tick on sample type: Industrial / Academic)

Requisition Form for SCXRD Experiment (For Internal Users)

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:

Provide expected Molecular Structure (in case analysis is requested):

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

* Please acknowledge the SCXRD Facility of the Department of Chemistry, Shiv Nadar Institution of Eminence in publications & patents.