

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)

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

Date.....

Name of Chief Investigator/PI:

Designation:

Affiliation:

.....

Tel/Mobile No:

Sample & Experiment Details

Sample ID:No. of sample(s):

Nature of Experiment (Cell check/data collection/analysis):

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

Empirical 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 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.*