Centre For Material Science and Engineering
National Institute of Technology Hamirpur
H.P. – 177 005, India

SAMPLE SUBMISSION FORM
X-Ray Diffraction Laboratory

Student/Researcher Name:_____

College/University:_____

Department:_____

Phone:_____ Email:_____

Special Handling Requirements (if any):_____

Special Safety Concerns: □ Toxic □ Carcinogenic □ Radioactive □ Other □ None

Sample Description	Sample Code	Qty	Scanning Range (2θ)	Scanning Rate (Degree/min)

Undertaking

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

I /we shall give due acknowledgment to CMSE providing the technical help in the results so published in journals and also inform CMSE about the publications which acknowledges the use of CMSE facilities.

Signature of User

Date:

Seal: **Chief Investigator/ Supervisor**

Date:

Seal **Signature of HOD of concerned Dept.**

Approval

Date **HOD**

IC lab **Centre for Material Science & Engineering**

***Please give detailed instructions for data collection (i.e., spectral range, resolution, etc.). Additional information about your sample may be requested by the analyst.*

****A maximum of 6 samples per performa will be accepted.*

*****The users must bring a blank CD for copying the data.*