

**SINGLE CRYSTAL X-RAY DIFFRACTION LABORATORY
CENTRAL RESEARCH FACILITY
INDIAN INSTITUTE OF TECHNOLOGY (ISM) DHANBAD -826004**

Single Crystal XRD Request Form

[Please read the information given overleaf before filling up this form and put a tick in appropriate box]

SERVICE REQUESTED

1. Unit cell determination
2. Data collection at room temperature
3. Data collection at liquid Nitrogen temperature

DESCRIPTION OF THE SAMPLE

Sample Code: _____ Expected Structure: _____

Elements / Formula: _____

Solvent used: _____

User's Name (block letter):

Name of Supervisor/Guide:

Dept./Centre Lab Phone No..... Cell No.....

Signature of HOD/HOC/Guide/PI/Prof.-in-Charge

Signature of the user

Details of analysis Charges:

The estimated charge for the work ₹ (In words) has been deposited through †DD (Number) / †Cash payment in the IIT (ISM) Dhanbad Cash counter (Receipt No.) on (date) /

OR

To be debited from (**For internal users only: PDA/PDF/Project**):

† Please provide the original DD / CC of cash receipt along with this form.

Signature of the User /Faculty /Supervisor /PI

Please assign sample number and complete the work.

Signature of the Laboratory In-Charge

The above work has been done satisfactorily on (Date) and generated data has been delivered to me.

Signature of the operator

signature of the user