



राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर

NATIONAL INSTITUTE OF TECHNOLOGY, RAIPUR

Chhatisgarh, 492010, INDIA

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Mobile No. : 8109939981

***X-Ray Diffraction Laboratory, Department of Metallurgical Engineering***

**JOB REQUISITION FORM FOR NIT RAIPUR FACULTIES/ STUDENTS ONLY**

Name and Designation of Indenter		
Name of Supervisor, if any		
Department		
Contact Details (mobile or phone no) and Email		
Number of samples (Max. 3) in one slot ( one slot : 2.00 Hr)		
Sample No.	Sample Name / Formula	
1		
2		
3		
4		
Preferred Radiation: Copper K $\alpha$		
Scanning Range (2 $\theta$ ):		
<b>Undertaking</b>		
<ul style="list-style-type: none"><li>I hereby certify that the user is a bonafide research student/employee of our organization, and no remuneration or compensation is received from any Department/agency/sponsored project and this study is not a part of funded project.</li><li>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 XRD facility, Met. Engg. NIT Raipur equipment.</li><li>I/we shall give due acknowledgment to XRD facility, Met. Engg. NIT Raipur with the name of the person(s) providing the technical helping the results so published in journals and also inform Met. Engg, NIT Raipur about the publications which acknowledges the use of XRD Facility.</li></ul>		
(a) Research Scholar/student	(b) Supervisor	(c) Department Head
		Date
<b>For laboratory Use</b>		
Job No.	Date of Requisition submitted	
NITRR/MET/XRD/2014 /		
Date and Time allotted	Job Completed on	

Note: 1. If sample is Solid than it should be flat. ,

2. The users have to bring a CD for copying the data.



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**JOB REQUISITION FORM FOR OUTSIDE OF INSTITUTE/ FUNDED PROJECTS**

Name and Designation	
Department/institute/ company	
Contact Details (mobile or phone no) and Email	
Type of user ( please tick appropriate)	Institute Funded Project/ Academic institute other than NITRR/ Industries
Total Amount (In INR)	
Number of samples (Max. 3) in one slot ( one slot : 2.00 Hr)	
Sample No.	Sample Name / Formula
1	
2	
3	
4	
Preferred Radiation: Copper K $\alpha$	
Scanning Range (2 $\theta$ ):	
<b>Undertaking</b>	
<ul style="list-style-type: none"><li>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 XRD facility, Met. Engg. NIT Raipur equipment.</li><li>I/we shall give due acknowledgment to XRD facility , Met. Engg. NIT Raipur with the name of the person(s) providing the technical helping the results so published in journals and also inform Met. Engg, NIT Taipur about the publications which acknowledges the use of XRD Facility.</li></ul>	
<i>Signature with stamp</i>	
Date of submission of requisition: _____ (User Faculty/ Students/ / Head of Institution/ Chief Investigator etc)	
<b>For laboratory Use</b>	
_____/Metallurgy/Consultancy/Testing/2014	
<b>Deposit Amount &amp; Details of Slip/receipt:</b>	
User ref. No:	If Funded Project, than No. of Project:
Date and Time allotted	Job Completed on

**NOTE: For details and Testing/consultancy Charges please refer the enclosed documents. Out Side user are requested to please bring the cover letter, addressing the Director NIT Raipur, with kind attention to HOD metallurgical Engg. requesting the testing of their samples/specimens**

Department of Metallurgical Engineering, NIT Raipur