



CENTRAL UNIVERSITY OF JAMMU
CENTRAL INSTRUMENTATION FACILITY
 Rahya Suchani Bagla Samba-181143, J&K, India

REQUISITION FORM FOR X-RAY DIFFRACTION

Email: head.cif@cuammu.ac.in ; office.cif@cuammu.ac.in

**(Payment should be credit in: Central Instrumentation Facility, CUJ A/c No. 0902040520000032
 IFSC:JAKA0RAHYAA)**

User Information

User Type (Please tick as applicable)	:	Central University of Jammu <input type="checkbox"/> other Educational Institutions <input type="checkbox"/> R&D Labs <input type="checkbox"/> Industries <input type="checkbox"/>
Name:	:	
Designation:	:	
Supervisor Name	:	
Research Area	:	
Department & University / Institution/College	:	
Billing Name & Address	:	
Phone/ Mobile Number	:	
E-mail Address	:	

Sample Details

No. of Samples* :
 Sample ID* :
 Range of scanning*: (i) Step Size _____
 (ii) 2θ range _____

Nature of Sample : Explosive/Toxic/Hygroscopic/ Light-Heat-Air sensitive
Sample requirement: Min. (1-5 mg) in the form of fine powder/ thin films of Size (2 cm x 2 cm)

Sample Type: Powder/thin films _____

Payment Details

Amount paid:.....Draft No//Transaction IDDated:.....

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of user

Supervisor's Signature

Signature of Head of Department
 With official Seal

For office use only

Payment received vides receipt no.DD/cash.....Dated.....Amount:

Job No. / Ref No. _____