



**Central Research Facility Centre**  
**National Institute of Technology Srinagar**

Email: [crfc@nitsri.net](mailto:crfc@nitsri.net) Website: <http://nitsri.ac.in>

**Rigaku Smart Lab X-Ray Diffractometer**  
**Requisition Form**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Contact No: \_\_\_\_\_ Email ID: \_\_\_\_\_  
Name of the Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
No. of Samples: \_\_\_\_\_ Payment Details: \_\_\_\_\_  
Organization / Institute: \_\_\_\_\_ Date: \_\_\_\_\_

***Details of the samples***

Sample Code	Start (2 theta)	End (2 theta)	Speed (deg/min)	Powder/thin film/SAXS/crystal structure	Possible elements/composition	Peak expected at (angle)*	Toxic / Corrosive/Radioactive etc**

Note: In case of thin films kindly provided grazing incidence angle.

\*Provide reference data, image, and published papers for best results.

\*\* If the sample(s) present any danger to the personnel or equipment or stipulates any special treatment as protocol, appropriate instructions must be provided.

Signature of the user

Signature of the supervisor/PI

Signature of the HOD with stamp

(P.T.O)



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**Instructions:**

1. Only 4 samples per requisition will be accepted.
2. The users shall be allotted the time slots as per the availability. The users will be informed about their date and time of slot via e-mail / phone.
3. The samples should be dry.
4. Data will be supplied in the Compact Disc by the Operator. Only new CDs will be accepted for data copying.
5. Only user is permitted to be present in the laboratory during analysis.
6. The soft copy of the requisition form can also be submitted via mail to [crfc@nitsri.ac.in](mailto:crfc@nitsri.ac.in)

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**For Office use only**

Lab reference no:.....

No. of samples:.....

Invoice/Receipt no:.....

Name and signature of operator

Name and signature of laboratory in-charge