



CENTRAL SCIENCE LABORATORY

(In Physical, Chemical, Biological and Pharmaceutical Sciences)

University of Rajshahi, Rajshahi-6205

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Requisition Form for X-Ray Analytical Services (XRD)

X-ray equipment: RIGAKU SmartLab SE X-ray Diffractometer

Name of Teacher/Student/Person requesting for the service(s):

Department/Institute/Address:

Mobile No.: Email:

Date of Requisition:

For Student, Roll: Session:

Sample information:

Sample Type : Powder / Thin Film/ Others (Please specify)

Number of Sample(s) :

Sample Composition :

Scan range (2-theta⁰) : 10⁰-80⁰/ other (please specify)

Sample amount / size : Not less than 200 mg / 2cm x 2 cm (approx.)

Please note that Pen-drive is **not allowed** to transfer data. A **valid email address** has to be provided.

Signature of supervisor/person requesting the service(s)

Category (Please Tick one):

Category 1: RU Teacher / Student doing MS / M.Phil / Ph.D

Category 2: Public University / Govt. College / Govt. Research Institute

Category 3: Private University / Individual / Consultant / Institution / Agency

Recommendation from concerned Chairman/Director

I hereby recommend that the above service(s) will be under category

Seal
Department

Name and Signature of Chairman/ Director (with seal)

Department/Institute:

Date:

(Only for Central Science Lab)

Requisition book entry serial & date:

Date (s) analyses performed:

Total number of samples done:

XRD log book entry serial & date:

Concerned Research Engineer's Signature

APPROVAL:

Seal
Central Science Lab.

Director,
Central Science Laboratory,
University of Rajshahi