



ST. THOMAS' COLLEGE (AUTONOMOUS), THRISSUR

X-RAY DIFFRACTOMETER (XRD) REQUEST FORM FOR INTERNAL USERS

Name of the Student : _____

Name of the Guide : _____

Institution : _____

Billing Address : _____

E mail ID : _____

S.No.	Sample Code	2 θ Range	Remarks

Hazardous Properties: Explosive Corrosive Radioactive Flammable Carcinogenic Toxic

- I hereby certify that the user is a bonafide research student/staff of our education institution.
- 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, St. Thomas' College (Autonomous), Thrissur.
- I/we shall give due acknowledgment to 'XRD Facility, St. Thomas' College (Autonomous), Thrissur' for the results so published in journals and also inform St. Thomas' College (Autonomous), Thrissur about the publications which acknowledges the use of XRD Facility.

Name and Signature of the Student/Staff

**Name and Signature of the
Guide/Head with Seal**

For Office use:

Job No. _____

Received on : _____

Lab-in-Charge's Signature

Sample code : _____

Date of analysis: _____

Name of analyst: _____

Total Machine Time : _____