X-Ray Diffraction (XRD)



Model: D2 Phaser Model: 08 discover, Bruker 2θ Range: 10° to 90°



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Facility use request form

Name:		Supervisor:				
Research Centre:		E-mail:				
Date of Submission:		Address:				
Sample Informat	ion:					
No. of Samples	Sample Name	Sample Code (for save the data)	Facility Required			
			XRD	FTIR	DSC	TGA
Required range: (for XRD/DSC/T						
Indicate what is needed: Raw data only: Analysis with possible unit cell						
Sample disposition	on: Save and Retur	n D	ispose of after	analysis_		
Note: if the sample is r	not picked up within two	weeks from the date of providing	results, it will be dis	scarded automa	atically.	
 week from from a supe The data re will be dele Fees for each 	the date of submission ervisor on the same dat garding the analysis we ted. ch analysis per sample	the for XRD/FTIR/DSC/TGA so if the instrument does not have it will take longer than Two will be kept intact for maximum is 500.00 Rs. The example of the instrument does not have it will take longer than Two will be kept intact for maximum is 500.00 Rs.	e an issue. Also if week for consider in 15 days after the sing lab facili	more than firing your same	ve samples a ple. of result. La	are submitted
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