



# CENTRE FOR NANOSCIENCE AND TECHNOLOGY

**ANNA UNIVERSITY, CHENNAI-600 025**

**SAMPLE ANALYSIS REQUISITION FORM FOR**

**“X-RAY DIFFRACTION ANALYSIS” (XRD)**

Name of the Student/ User	
Designation	
Department/ Centre	
College/ Institution/ University	
Billing address	
Mobile number	
Email Id	
Number of sample(s)	
Name of sample(s)	
Nature of sample(s)	Toxic / Non-Toxic
Scanning Range (2 $\theta$ Range)	From:            To:
Name & Address of the Guide	
Signature of the Student / User	
Signature of the Guide with Seal	

**FOR OFFICE USE:**

Signature of the Director (Centre for Nanoscience and Technology)			
DD details	Amount Rs.	Number & Date	Bank & Branch
Date of sample analyzed			
Operator's signature			

**Note:**

- DD should be drawn in favor of “ **THE DIRECTOR, CNST, ANNA UNIVERSITY, CHENNAI-25** ” payable at **Chennai**.
- Data will be supplied only in the compact disc (CD).
- Reports will be released only after payment is received.
- For further details, contact at: 044-2235 9113, 9213, 9215