

**JANKIDEVI BAJAJ COLLEGE OF SCIENCE,  
CIVIL LINES, WARDHA-442001  
CENTRALISED INSTRUMENTATION CENTER**

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**REQUISITION FORM FOR X-RAY DIFFRACTROMETER**

**User Information**

|  |   |
|--|---|
| <b>Name (In Block Letters) :</b>                         |   |
| <b>Designation:</b>                                      |   |
| <b>Name and Address of the Institute:</b>                |   |
| <b>Research Area:</b>                                    |   |
| <b>Department &amp; University/ Institution/College:</b> |   |
| <b>Phone/ Mobile Number:<br/>E-mail Address:</b>         |   |
| <b>Billing Name &amp; Address:</b>                       |   |
| <b>User Category :</b>                                   | <b>Student/ Research Scholar/Faculty/ Industry Expert/ Others</b> |

**Sample Details**

|  |  |
|--|--|
| <b>No. of Samples :</b>  | <b>Sample Type:   Organic/Inorganic</b>                              |
| <b>Sample ID :</b>   | <b>Nature of sample : Powder</b>                                     |
| <b>Angle of scanning: (Between 5 deg. to 120 deg.):<br/>Step Size:</b> | <b>Result (Output file format) :<br/>ASCII / .txt / word / excel</b> |

- **Sample requirement: 1 gm fine powder**
- **Please bring a CD in case a soft copy of result is needed.**

Amount paid: .....

Draft No/ Online Transaction No: .....

Dated: .....

**Draft to be made in the name of Principal, Jankidevi Bajaj College of Science, Wardha**

.....  
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**For office use only**

Payment received vides receipt no.....

DD/cash.....Dated.....

Amount: .....

Job No. / Ref No. \_\_\_\_\_

**Recommendation (J.B. College of Science)**

The above samples may be accepted for the analysis.

Signature of Instrument Expert

Signature of CIC Incharge

Signature of Head of Institute  
With official Seal

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