

The University of Burdwan
University Science Instrumentation Centre
Golapbag, Burdwan-713104, West Bengal
Single Crystal XRD LABORATORY

Sl. No.

Date

1. **Supervisor(s)/Teacher(s)**
Name

Department & Inst.
(Full Office Address)

Contact No. & email

2. **Research Scholar(s)/Student(s)**
Name

Department

Contact No. & email

(i)

(ii)

3. **Sample Code** :

4. **Sample** (*Specify **molecular formula** & **approximate structure**. Separate sheet can be used.*) :

5. **Experiment to be carried out** in : Room temperature / Low temperature

6. Does the sample present any **danger** to the **personnel** or **equipment**? (*If yes – Handling instruction*) :

7. Special request (*if any, regarding stability of the crystal or solvent used etc.*)

8. No(s) of paper(s) published from : No(s)
earlier XRD measurements at USIC,
BU. If yes, give details and one
copy (Hard/ soft) of the published
paper be provided.

For office use only

9. **XRD** data collection started at : Date: TimeAM/PM

10. **XRD** data collection completed at : Date: TimeAM/PM

11. Total **Run time** : Hours

12. Cell dimensions and volume :

13. Whether CD provided from USIC : YES/NO

14. Total charge for the **XRD** measurement RS.

Signature of the Scholar(s)

Signature of the Teacher(s)

Amount paid in full on

*Signature of the In-charge
XRD Lab.*