Central Sophisticated Instrumentation Facility (CSIF)
Birla Institute of Technology & Science, Pilani, K K Birla Goa Campus
&
BITS BioCyTiH Foundation (A section 8 company)

REQUISITION & PAYMENT FORM
(Powder X-Ray Diffractometer)
Model: Bruker D8 Advance

User Name: ……………………… ……………………… **Unique ID (UIN)**: …………………………………

Department: …………………………………**University / Institution**: …………………………………………. ……………

Email Address: …………………………………………… **Contact Phone/Mobile No**: ……………………………………

SAMPLE INFORMATION
Have sampling modalities and requirements discussed with the technical in-charge (Y/N).....................

S. No.	Sample code* (UIN – X*)	Sample Description Powder/Pellet/Thin film	Analysis Details	2ө angle	Scanning Rate (Degree/min)

Please provide any other important information on a separate sheet (e.g. toxic samples)
PREFERRED SLOT TIMING: …………………………………………………………………………………………………….

I certify that my samples **do not** present any danger to the personnel or equipment and **I have provided the appropriate handling instructions for safety to the operator before analysis. I hereby declare that no radioactive sample has been forwarded for analysis.**

I/We shall acknowledge the CSIF, BITS PILANI, K K Birla Goa Campus while publishing/reporting the results in journals/conferences or elsewhere.

PAYMENT DETAILS

S.No.	Nature of Analysis*	Rate	Number of samples	Total
			Total	

Payment Details:

Source of funding & Details: _____

Total Amount Paid to BITS BioCyTiH Foundation: Rs. _____/- Date: _____/_____/_____

User with date	HOD/Supervisor/PI	Technical In-charge	Accounts Office

BITS Pilani, K K Birla Goa Campus, NH-17B, Zuarinagar–403726, GOA, INDIA