

**CENTRE FOR EXCELLENCE IN NANOTECHNOLOGY
CENTRE FOR CONVERGING TECHNOLOGIES
UNIVERSITY OF RAJASTHAN
JAIPUR 302004**

Requisition form for using Experimental Facilities (Consult CCT website)

Ref. No. _____

Date: _____

Name of User:

Designation of User:

Contact No.

Email ID:

Purpose of analysis:

No. of Samples:

Name of Guide/Supervisor:

Department:

Details (Chemical, Physical, Radioactive, Hazardous, others):

Details of samples submitted: Please provide the following details (in case of XRD)/strike out if not applicable for other instruments

Sample Specification			Analysis Condition					Sample Recollection (Yes/No)
Sl No.	Sample Name	Solid/Liquid/Powder	Scan Range 2θ = ~	Scan Speed °/min	Power		Type of Detector	
					kV	mA		

N.B.: If the sample(s) present any danger to the personnel or equipment then kindly provide appropriate handling instructions.

Details of charges paid: (Enclose Receipt)

- 1) Department:
- 2) Project:
- 3) Individual:

- **User is requested to adopt standard technique for preparation of samples before giving them.**
- We agree to acknowledge Centre of Excellence in Nanotechnology, CCT in our publications and thesis if the CNT, CCT instruments results are incorporated/ used in them.

Signature of User: _____

Signature of Supervisor: _____

Signature of HOD: _____

FOR CNT, CCT USE

Ref. No. _____

Date of Receive: _____

Date of Completion: _____

Name & Signature of Teacher In charge: _____

FOR OFFICIAL USE

Amount to be transferred _____

Recommended/ Not recommended

Approved/ Not approved

Addl. Director (Research)
CCT

Director
CCT

For Account Office

Account Incharge is being advised to transfer Rs. _____ (Rs. _____

_____ only) as analysis charge from Mr. /Mrs./Dr. _____

_____ of _____ in the account of _____ under head "Instrumentation Facility".

Addl. Director (Research)
CCT

Director
CCT

Please bring FRESH CD ONLY for collection of results. Used CDs or PEN Drives are not allowed.