

Department of Metallurgical and Materials Engineering

NITK Surathkal

Request for the use of XRD

Maximum number of samples allowed - 05

Allotted Date:

Operator :

Name of the student :
Contact number :
Degree registered : PhD/ M.Tech/ MSc/ B.Tech/ Others
Department :
Institute address :

Type of sample: Metallic/Cement/Polymer/Composite/Chemicals/Films/Powder/Others
(Mention the Elemental Combination) _____

Number of samples :
Scan range (angles- 2θ) required : Start point:_____ End Point:_____

Scanning speed : degree/min (By default: 2 degree/min)

Signature of the supervisor/guide :

Signature of Student :

Signature of the Faculty-in charge :
(Met and Matls Engg Dept NITK.)

NOTE: Personal presence is mandatory,
Output data will be only in .txt and .cpi formats,
Bring CD (pen drive /Hard disks are not allowed).