



For office use only

S.No.....

Date:

REQUISITION FORM FOR POWDER XRD
DEPARTMENT OF MSME
MANIT BHOPAL (M.P.)

1. NAME OF THE USER:.....

2. DESIGNATION/SCHOLAR NO:.....

3. ADDRESS OF DEPARTMENT/CENTER:.....

.....

4. E-MAIL:

5. CONTACT NO.....

6. Users: Industry

Educational or R & D Institute

MANIT

7. SAMPLE INFORMATION:

Sr. No	Sample ID	2θ Range	Sample Description
1			
2			
3			
4			
5			

8. Samples are Air/Light Sensitive: YES/NO

9. Storage Condition if any:

Signature of the user

Recommendation from Head of Department

The above samples may be accepted on the behalf of our department/ Institution

Signature of HOD
With official Seal

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Consultancy serial No.....

Payment received receipt no.....DD/cash.....Dated.....Amount:

Signature of Administrative Staff

Note: The charges for Academic (Rs. 450/- + GST)- R&D Institute (Rs. 1000/- + GST) - Industry (Rs. 1800/- + GST)

DD should be made in favour of "ICSC, MANIT" payable at Bhopal

Remarks of lab in-charge if any