



CENTRE FOR INSTRUMENTATION AND MAINTENANCE FACILITY
(CIMF)

PERIYAR UNIVERSITY, SALEM – 636 011, TAMIL NADU, INDIA

**REQUISITION FOR X-RAY DIFFRACTION INTENSITY DATA COLLECTION FROM
SINGLE CRYSTAL X-RAY DIFFRACTOMETER (SCXRD)**

User Information

Date:

Name	
Designation	JRF / SRF / RA / FACULTY / Others (Specify)
Affiliation	
Address for communication	
Billing address	
Mobile / Telephone Number	
E-mail Address	
Purpose for which the measurement is requested	
Broad Research Area / Topic	

Ref. No. Date. Amount..... Bank

Certify that the sample(s) submitted belong to the above addressed user. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the equipment from CIMF, Periyar University, Salem. I will intimate the details of publication reference (Journal name/volume Number/names of the authors/date of issue of the publication etc.) to CIMF.

Signature of user / Research Scholar

Signature of Research Supervisor / Faculty
(with seal)

Signature of SCXRD In-charge

Sample Details

Sample code	
No. of Samples	
Molecular Formula	
Structural Formula	
Solvent used for crystallization	
Unit cell dimension (if available)	
Space Group (if available)	
X-ray source to be used	Mo / Cu K α (The Cu K α is not available)

Choose the option(s) for data collection (Please tick the appropriate item(s))

Cell parameters only	<input type="checkbox"/>
Cell and space group only	<input type="checkbox"/>
Cell and morphology only	<input type="checkbox"/>
Data collection at room temperature only	<input type="checkbox"/>
*Data collection at room temperature and Structure determination	<input type="checkbox"/>
Data collection at low temperature only	<input type="checkbox"/>
*Data collection at low temperature and Structure determination	<input type="checkbox"/>

* Do you want figures and tables to be made at CIMF : Yes / No

* Do you want CIF editing and check CIF done at CIMF : Yes / No

Note: The data will be collected only after the receipt of payment.

Charges for the measurement should be sent through an advance online payment drawn in favor of “**The Registrar – CIMF Instruments, Periyar University**” along with the samples, to **The Director, Centre for Instrumentation and Maintenance Facility (CIMF), Periyar University, Salem – 636 011.**

FOR CIMF OFFICE USE ONLY

User Ref. No.

PU	CIMF	SCXRD				
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Signature of the Director, CIMF	
Requisition Number	
RTGS / IMPS / NEFT / Pay-in-Slip / UPI	Ref. No: _____ Amt: Rs. _____ Date: _____ Name of Bank: _____
Date of data collection completion	