



SIDDAGANGA INSTITUTE OF TECHNOLOGY, TUMAKURU
DEPARTMENT OF CHEMISTRY



Department of
Science and Technology

XRD Analysis Request Form

To

**The Principal
SIT, Tumakuru**

Date:

1	Name of the research scholar	
2	Name of the Supervisor	
3	Department	
4	E-mail id of supervisor	
5	Mobile no.	
6	Name of the samples (max. 2)	
7	Nature & composition of the sample	
8	Two theta range	

Signature of the Supervisor

Signature of the HOD

- Due acknowledgement be given to DST Nanomission, New Delhi (SR/NM/NS-1262/2013) sanctioned to Dept. of Chemistry, Siddaganga Institute of Technology, Tumakuru.
- Give details of previous publications if any emerged out using this facility.