



# VELS

INSTITUTE OF SCIENCE, TECHNOLOGY  
& ADVANCED STUDIES (VISTAS)  
(Deemed to be University under section 3 of UGC Act, 1956)  
NAAC ACCREDITED WITH 'A' GRADE



## **CENTRAL INSTRUMENTATION LABORATORY (CIL) FACILITY** **ANALYSIS REQUEST FORM (\* to be filled mandatory)**

Analysis : **Powder X-ray Diffraction (P-XRD) (max 5 samples per slot)**

Billing Name of the User :  
(INTERNAL / EXTERNAL (ACADAMIC/INDUSTRIES))

Designation :

Department/ Centre :

College/ Institution/ University :

Mobile number :

Email Id :

Number of sample(s) : Sample ID :

Name of sample(s) :

\*Nature of sample(s) : **Powder/ Pellet/ Film/Toxic/Non-Toxic (Please tick ✓)**

\*Scanning Range (2 $\theta$  Range) : **From: To:**

Name & Address of the Guide :

Signature of the User :

Signature of the Guide/Head with Seal :

Mode of payment : **CASH / DD (Rs..... /- )**

Receipt / DD No, Date, Bank & Branch :

### **FOR OFFICE USE**

**Job Number:**                      **Analysis Date:**                      **Report:** Complete//Incomplete//Repeat

Operator's signature :

**Note:**

DD should be drawn in favor of **"VISTAS, CHENNAI"** payable at Chennai.

Data will be supplied only in the rewritable compact disc (RW-DVD).

For further details, contact at: **E mail:** [technicalofficer.cilab@velsuniv.ac.in](mailto:technicalofficer.cilab@velsuniv.ac.in);

**Mobile:** +91 9962506284

Any publication out of this work should be duly acknowledged as **"VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS), CHENNAI"**