

**XRD Lab Access- Permission Form**

Name of User: \_\_\_\_\_

Ph.D. Regn. No.: \_\_\_\_\_

Department: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

No. of Samples : \_\_\_\_\_

Description of Sample: \_\_\_\_\_

Mention if Toxic: \_\_\_\_\_

Powder/Film: \_\_\_\_\_

Type of measurement to be conducted:

- Wide Angle XRD                       Small/Low Angle XRD                       Thin Film Analysis  
 Residual Stress Analysis                       High Temperature Studies

Instrument is free to be availed for independent usage during the below mentioned time slots.

**(Signature XRD System Operator)**

Date: \_\_\_\_\_ Time of Opening Lab: \_\_\_\_\_ Time of Lab Closing: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Opening Lab: \_\_\_\_\_ Time of Lab Closing: \_\_\_\_\_

I declare that I can operate the XRD m/c independently and if any breakdown takes place, I shall be fully responsible. I will submit the form in lab after completion of work.

**(Signature of Candidate)**

**(Signature of Supervisor)**

**(Signature of I/c  
Central Research Facility)**

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**For security personal use:-**

Date: \_\_\_\_\_ Time of Opening Lab: \_\_\_\_\_ Time of Lab Closing: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Opening Lab: \_\_\_\_\_ Time of Lab Closing: \_\_\_\_\_

**Signature:-** \_\_\_\_\_

**Name of security personal :-** \_\_\_\_\_

**Note:**

1. Eatables are not allowed in the XRD lab.
2. Use of shoes in the working area is not allowed.
3. Use of Pen Drives on the system is strictly prohibited.
4. Switch off the lights, XRD instrument, System carefully, before leaving the lab.
5. Only user is allowed to sit/work in the XRD lab during permission time period.