

## Indian Institute of Technology Ropar

Single Crystal X-ray Diffractometer Facility

External Sample Submission Form			Date:		
Name of the Researcher:					
Organization/Institution:					
Contact address:					
E-mail ID (if electronic copy of data is requ					
	iesteu)				
SERVICE REQUESTED (V the appropriate)					
1. Unit cell determination at room tempe	erature.	2. Unit cell deter	mination at low temperature		
3. Data collection at room temperature		4. Data collection at in low temperature			
Details of samples submitted:					
Sample Name :	Composition		Solvent used:		
Sample Properties:	Moisture Sen	sitive	Air Sensitive		
Please draw the expected structure below					

**Details of payment:** Cheque / DD Payable in favor of Registrar, IIT Ropar

Cheque / DD Number & date .....

## Signature of the Guide

Kindly acknowledge the work done by this facility in your publication

Payment Details: DD No:

Bank:

Analysed on:

Signature of the Instrument In-charge

## **Charges for the use of SCXRD facility**

## • The charges for external samples

Measurement type	Academic Institutes		Industry Users	
	Room	Low	Room	Low temperature
	temperature	temperature	temperature	
Cell	1000	1500	2500	3500
determination				
Full data collection	4000	5000	8000	10000