

X-RAY DIFRACTION FACILITY, DST-PURSE

School of Pure & Applied Physics-MG University, Kottayam

REQUISITION FOR SINGLE CRYSTAL X-RAY DATA COLLECTION

User Information**Date:**

Name:

Designation:

Affiliation:

Address for communication:

Bill to be address to:

Phone Number:

E-mail Address:

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the SC-XRD facility. The details of publications will be intimated to the SPAP.

Signature with date and Seal
(HOD/Principal/Guide/Managing Director)

Sample Code:

*Molecular formula (if known):

Solvent used for crystallization:

Unit cell dimensions (if available):

Space Group (if available):

Sensitivity to moisture, light heat, X-rays:

*Proposed structure:

Do you want to collect:

(a) Cell parameters only

(b) Cell & space group only

(c) Cell & intensity data collection for structure solution

Columns marked * must be filled to ensure quick processing of samples. Reports will be released only after payment is received

Remarks:

For Enquiry: Monu Joy
Scientific Assistant DST-PURSE
School of Pure & Applied Physics
M G University
Mob: +91 8129167512
E-mail: monuplamoodu@yahoo.com