

Date : **Benchtop XRD User Form** Serial + #

Name of User : Mob. #

Department : PhD/IPhD/BS-MS : IISER ID #

Supervisor Name :

Sample Name :

Range : From To Rate* : Degree / min

Step : Degree

** Currently minimum 5 degree / min scan is allowed for each sample only.
+ Filled by Operator only*

Signature of User

Signature of Supervisor

Signature of Operator

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