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**PXRD SLOT BOOKING FORM (RIGAKU)**

Name of the Supervisor:

Department:

Name of the User:

Cont No.:

Designation:

No. Of samples:

Sample ID:

Normal Scan/ SAXS/ High Temp Measurement/ Low temp measurement/ Thin Film Analysis/ GI XRD  
(Tick the appropriate)

Power of X-Ray: \_\_\_\_\_ KV \_\_\_\_\_ mA

\_\_\_\_\_  
Signature of the User

Date:

\_\_\_\_\_  
Signature of the Supervisor

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(For Technician's use only)

Date of submission:

Date of Collection:

Signature with Date:

Remarks(If any):