
SCXRD SLOT BOOKING FORM (Bruker/Agilent)

(One Form For One Sample)

Name of the Supervisor:

Department:

Name of the Student:

Designation:

Sample ID:

Expected Chemical Formula:

Temp:

RT		LT	
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 (Tick the appropriate)

Date:

Signature of the Supervisor

(For Technician's use only)

Date of submission:

Date of Collection:

Signature with Date:

Remarks(If any):