

Welcome to the X-Ray Diffraction Facility (Panalytical XRD) of the Advanced Centre for Material Science , IIT Kanpur

Note: This is a substitute Invoice that should be used only if the original invoice could not be printed for some reason. Before you submit this, you must make sure that your online request was submitted successfully. You can do this by checking the "Booking Status". If your name appears in the list of "Pending Requests", then your request was submitted successfully and in that case, you can print this substitute Invoice.

This form has to be signed by the requesting faculty and submitted to Mr. D.D Pal (Internal: 7814) within 48 hours of making the request

Name: _____

I am from:
(Write your dept. name) _____

Institute:

Roll No./ PF No: _____

Email: _____

Mobile No.: _____

Date for the requested slot: _____

Which slot did you submit request for:
(9.30am-12:00pm\12:00pm-2:30pm\
2:30pm-5:00pm) _____

Name of the Supervising Faculty: _____

Project no. to be charged: _____

I hereby authorize the transfer of an amount as per existing rate (panalytical ambient Powder:Research Projects=Rs.300; Academic Institutions=Rs. 600; R&D Labs/Industry=Rs. 3000 per slot ,panalytical ambient thin film:Research Projects=Rs.300; Academic Institutions=Rs. 600; R&D Labs/Industry=Rs. 3000 per slot ,panalytical ambient Saxs:Research Projects=Rs.300; Academic Institutions=Rs. 1200; R&D Labs/Industry=Rs. 3000 per slot and panalytical high temp: Research Projects=Rs.5000; Academic Institutions=Rs. 8000; R&D Labs/Industry=Rs. 12000 per slot) to the Lab development account no. IITK/ACMS/2019318 from my project account no (given below). This is one time payment towards the use of the XRD facility on above date and slot.

Signature of supervisor:

Date: