



**NATIONAL INSTITUTE OF TECHNOLOGY  
TIRUCHIRAPPALLI – 620 015**

**X-Ray Diffraction Analysis**

**Date:**

1.	Name & Address of the Institute / Department	
2.	Name of the Faculty / Student	
3.	Sample Details (Toxicity, Powder, Solid, Thin film, etc.,)	
4.	Number of Samples (Max. of 5 Samples / Test)	
5.	Amount Paid (through Demand Draft in favour of “ <b>The Director NIT Trichy</b> ”)	<b>Rs.</b> _____ ➤ Rs. 175 / Sample for NIT, Trichy. ➤ Rs. 280 / Sample for other Institutions.
6.	Contact Mail Id	
7.	Contact Phone Number	

Signature (Student)	Signature (Faculty)	Signature (Department Head)

Signature (Head- Physics Department)	
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