

---

**Analysis Form for Single-Crystal X-Ray Data Collection**

Date:

**User Information**

Name :  
Designation :  
Affiliation :  
Address for communication :  
Phone Number :  
Fax Number :  
E-mail Address :  
Special Instruction :

**Sample Information:**

Sample Code :  
Probable Molecular formula :  
Solvent(s) used for crystallization :  
Unit cell dimensions (if available) :  
Space group (if available) :

Probable structure (attach separate sheet if needed)

Sensitivity : (moisture, light, temperature, X-ray etc)

**Do you want to collect (tick the appropriate items)**

- (a) Cell parameters                      (b) Space group  
(c) Morphology                              (d) Intensity data collection for structure solution

Any other information :

The measurements requested are in connection with

1. Academic Research leading to a degree :
2. Sponsored Research :
3. Research related to consultancy :

Analysis data will be delivered only after payment of the fee. All the payments should be sent to The Head, CIF, School of Chemical Science, NISER, Bhubaneswar, Orissa-751005 in form of a demand draft drawn in favour of Finance Officer, NISER, Bhubaneswar.

As per the guide lines of the Department of Science and Technology (DST), in all publications of research work, where in the analytical services of the CIF have been made use of, the DST and the CIF shall be duly acknowledged. Kindly send us the publication reference (Journal name / volume number / names of the authors / date of issue of the publication etc).

---

**Certification and undertaking by Financially Responsible person (HOD/Principal/Guide/Managing Director).**

I agree to pay the charges for this analysis. Certified that the user is a student / employee of our organization.

**Signature with seal**