



BORANG PERMOHONAN PENGGUNAAN PERALATAN
(EQUIPMENT USAGE APPLICATION FORM)

X-Ray Diffraction (XRD)

Kategori Projek
(Project Category):

- ☐ Projek Tahun Akhir (Final Year)
☐ Perundingan (Consultation)

- ☐ MSc ☐ PhD
☐ R&D

Name of Applicant : _____
Email: _____ H/p No: _____
No Matric /My Kad No. : _____
School/Department: _____
Research Title : _____

Sample Information:

Select	Sample Name	Expected Elements

Requested Scan Range (2 θ): From _____ ° to _____ °

Please specify the required scan range. If unspecified, a default range of 10°–90° (2 θ) will be used.

*Applicants are required to provide a blank CD for the analysis results. USB flash drives and floppy disks are not permitted. Results will be provided in Microsoft Word format, with raw data supplied in Microsoft Excel format.

Submitted by (Applicant)

Endorsed by (Supervisor) :

.....
Name : _____
Date : _____

.....
Name : _____
Date : _____

The application must be verified by the Assistant Engineer before approval by the Equipment Coordinator.

Verified by Assistant Engineer:	
Name : _____	
Remark : Application is / not recommended for approval	
Date: _____	Signature and Chop
Approved by Equipment Coordinator :	
☐ Dr. Mohamad Nazri bin Idris ☐ Dr Nik Akmar bin Rejab	
Remark : _____	
Date _____	Signature and Chop