

**BORANG PERMOHONAN PENGGUNAAN PERALATAN
(X-Ray Diffraction (XRD))**

Nama Pemohon(*Applicant Name*): _____ No Matriks/: _____

Pusat Pengajian/Jabatan(*School/Department Name*): _____

Kategori Projek (*Project Category*) : Tahun Akhir (*Final Year*) MSc PhD R&D

Tajuk Projek (*Project Title*) : _____

Keterangan Sampel (*Sample Explanation*)

No.	Nama Sampel (<i>Sample Name</i>)	Elements maybe presence in the sample

Scan Range (2θ°): start at : stop at:
(Please tell us your scan range requirement otherwise we will scan from 10 to 90°)

Tandatangan (*Applicant Signature*) : _____ Tarikh (*Date*): _____

Kebenaran daripada Penyelia projek (*Supervisor Approval*)

Saya _____, meluluskan permohonan untuk menggunakan kemudahan seperti di atas

(Tandatangan Penyelia Projek)
Supervisor Signature

Tarikh(*Date*): _____

Kebenaran daripada Penyelia Peralatan (*Approval by Equipment In-Charge Supervisor*)
(Profesor Dr. Khairunisak Bt Abdul Razak / Prof. Madya Dr.Nurulakmal Mohd Sharif)

Tandatangan Penyelia Peralatan
(*Approved by Equipment In-Charge Supervisor*)

Tarikh(*Date*): _____

PLEASE SUPPLY YOUR OWN CD – pen drive and diskette not allowed. Analysis will be in the form of (a) word file and (b) excel (raw data).