

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

Nama Pemohon (*Applicant Name*): _____

No. Matriks/Id Card: _____ Email: _____

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

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*)
(Prof. Dr. Khairunisak Abusl Razak / Prof. Madya Dr.Ahmad Azmin Mohamad)

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).