

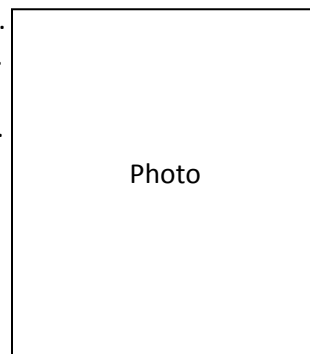


UPM
UNIVERSITI PUTRA MALAYSIA
BERILMU BERBAKTI

Department of Chemistry

**X-RAY DIFFRACTOMETER SHIMADZU XRD-6000
USER REGISTRATION FORM**

NAME OF APPLICANT:
METRIC CARD NO.:
FACULTY/DEPARTMENT /LABORATORY:.....
ADDRESS:
.....
TELEPHONE NO.:..... EMAIL ADDRESS:.....
PROGRAMME STUDY: MASTER/ PhD
FIELD OF STUDY :.....
NAME OF SUPERVISOR :.....
DATE OF TRAINING:
NAME AND SIGNATURE OF :
RESPONSIBLE DEMONSTRATOR



Agreement

I hereby agreed to the following conditions:

- i) I will operate the XRD instrument carefully by following all procedures
- ii) I will ensure that the XRD's room is always clean and tidy during my operation of the instrument
- iii) I will be honest, trustworthy and responsible for any lost or breakdown of the XRD when it is under my operation
- iv) I will not make duplicates of any keys to the XRD's room

Applicant's Signature:.....

Date:

Signature of Supervisor / Head of Project

Stamp:

Date:

Signature of Coordinator
Shimadzu XRD-6000

Stamp:

Date: