



**Analytical Service Requisition Form**  
**Centre for Advanced Research in Sciences (CARS)**  
**University of Dhaka, Dhaka-1000, Bangladesh**

E-mail: cars@du.ac.bd, Fax: +88-02-9667222, Website cars.du.ac.bd

|                                     |  |
|-------------------------------------|--|
| <b>Name of Teacher/Person</b>       | Joye Kundu   |
| <b>Department/Institute/Address</b> | Biomedical Engineering, Military Institute of Science & Technology, Mirpur Cantonment  |
| <b>Date of Requisition</b>          | 2024-07-09   |
| <b>Laboratory</b>                   | Cell and Tissue Culture Laboratory ( <a href="#">Contact with Lab In-Charge</a> )  |
| <b>Service Name</b>                 | Qualitative measurement of cytotoxic effect on a cancer cell line under a microscope. (the samples are needed to be sterilized) (Per three samples, on single cell line) |
| <b>Sample ID</b>                    | S1, S2   |
| <b>Sample Name</b>                  |  |
| <b>Number of Samples</b>            | 2  |
| <b>Name of Elements</b>             |  |
| <b>Purpose</b>                      | MS thesis  |
| <b>Category for Billing</b>         | Category C: Service to individual/consultant/institution/agency  |
| <b>Cost</b>                         | Tk. 6300   |
| <b>Student/Person</b>               | Joye Kundu   |
| <b>Mobile No</b>                    | 01929784924  |
| <b>Email</b>                        | joyekundu.bd@gmail.com   |
| <b>Submission Date</b>              | 2024-07-09   |

Signature of teacher/person requesting the service: -----

Recommendation from concerned chairman/director

I hereby attest the above declaration and recommend that the above analysis be billed under category -----

**Name and Signature of Chairman/ Director (with seal):** -----

Department/Institute: -----

Date:

---

**(For use by the CARS):**

Requisition book entry serial & date:  
Date (s) analyses performed:  
Total number of samples done:  
Analysis log book entry serial & date:

\_\_\_\_\_  
Chief Scientist/Principal Scientist/Senior Scientist/Scientist/Analyst

Calculation of Bill: -----

Bill number: ----- Date: -----

\_\_\_\_\_  
Principal Accounts Officer