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

Name of Teacher/Person	Dr. Shimul Halder
Department/Institute/Address	Department of Pharmaceutical Technology, University of Dhaka
Date of Requisition	2024-12-20
Laboratory	Drug Analysis & Research Laboratory (Contact with Lab In-Charge)
Service Name	HPLC (UV and Fluorescence Detectors)
Sample ID	Faria-CoQ10
Sample Name	Faria-CoQ10
Number of Samples	3
Name of Elements	
Purpose	M.Pharm thesis
Category for Billing	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	Tk. 0
Student/Person	Faria Nasrin
Mobile No	01790810380
Email	farianasrin1997@gmail.com
Submission Date	2024-12-20

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

I hereby declare that I do/do not receive any foreign/local funding for my research (strike off as applicable).

Signature of teacher requesting the service ----------

Recommendation from concerned chariman/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:

Centre for Advanced Research in Sciences (CARS), University of Dhaka reserves the right to accept or reject any service request without stating any reason thereof.

(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

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