



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 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