



**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>       | Dr. Mahabub Alam Bhuiyan  |
| <b>Department/Institute/Address</b> | Physics, DU   |
| <b>Date of Requisition</b>          | 2024-07-08  |
| <b>Laboratory</b>                   | Fermentation and Pilot Plant Research Laboratory ( <a href="#">Contact with Lab In-Charge</a> ) |
| <b>Service Name</b>                 | Antifungal assay (per fungus)   |
| <b>Sample ID</b>                    | S1, S2, S3 & S4   |
| <b>Sample Name</b>                  | S1, S2, S3 & S4   |
| <b>Number of Samples</b>            | 4   |
| <b>Name of Elements</b>             | Polymer Solution  |
| <b>Purpose</b>                      | M S thesis  |
| <b>Category for Billing</b>         | Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U                            |
| <b>Cost</b>                         | Tk. 6000  |
| <b>Student/Person</b>               | Abdullah Al Mahmud  |
| <b>Mobile No</b>                    | 01634890552   |
| <b>Email</b>                        | du.abdullah.physics@gmail.com   |
| <b>Submission Date</b>              | 2024-07-08  |

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:

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**(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