X-Ray Analytical Service (XRD) 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; Form is available at

X-ray equipment: RIGAKU Ultima IV X-ray Diffractometer

Name of Teacher/Person	:	Dr. Md. Iqbal Ahmed
Department/Institute/Address	:	Khulna University, Pharmacy Discipline
Date of Requisition	:	2024-08-13
Laboratory	:	Basic Facilities and Sample Processing Laboratory
Service Name	:	XRD (Crystalline/Amorphous powder)
Sample ID	:	Sample1 and Sample2
Number of Samples	:	2
Sample Type	:	Pharmaceutical
Sample Composition	:	Powder
Sample Nature	:	
If the sample Contains Mositure or Volatile Org. Solvent (VOS)	:	Present in a small quantity
Sample stability	:	Air and moisture stable
Sample amount / size	:	Not less than 500 mg
Scan range (2-theta0)	:	10⁰-70⁰
Step/min	:	Standard (3 degree/minute)
Submit Date	:	2024-08-13
Category for Billing	:	Category C: Service to individual/consultant/institution/agency
Cost	:	Tk. 4000
Student/Person	:	Md Ali Akbar
Mobile No	:	01788068958
Email	:	aliakbar181118@gmail.com

a. Please note that Pen-drive is not allowed to transfer data from XRD. A blank CD has to be provided with the requisition form if electronic files of the XRD data is requested.

Signature of teacher/person 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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