



**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