



**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. Imtiaz Ahmed
Department/Institute/Address	EEE
Date of Requisition	2025-02-14
Laboratory	Drug Analysis & Research Laboratory ( <a href="#">Contact with Lab In-Charge</a> )
Service Name	Fluorescence Spectrophotometer
Sample ID	CNIC, CNIC 2%Sb 75%Ag, CNIC 5%Sb 75%Ag , CNIC 7.5%Sb 75%Ag
Sample Name	Cesium Sodium Indium Chloride (Double perovskite)
Number of Samples	5
Name of Elements	
Purpose	Thesis
Category for Billing	Category B: Any funded project of D.U. teachers/researchers
Cost	Tk. 0
Student/Person	Asma Yesmin Khan Rimu
Mobile No	01872041677
Email	asmayesminkhan-2019418410@eee.du.ac.bd
Submission Date	2025-02-14

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