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	Sadman Ahmed
Department/Institute/Address	Department of Geography and Environment, University of Dhaka
Date of Requisition	2025-02-21
Laboratory	Drug Analysis & Research Laboratory (Contact with Lab In-Charge)
Service Name	TOC Analyzer
Sample ID	W1, W2, W3, W4, W5, W6, S1, S2, S3, S4, S5, S6, F1, F2, F3, F4, F5, F6, M1, M2
Sample Name	Water, Soil, Forest leaf, Mangrove leaf
Number of Samples	20
Name of Elements	
Purpose	For validating my M.S. thesis spatial analysis.
Category for Billing	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	Tk. 0
Student/Person	Sadman Ahmed
Mobile No	01648394846
Email	sadmanahmed0012@gmail.com
Submission Date	2025-02-21

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:

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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