



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

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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