



**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

<b>Name of Teacher/Person</b>	: Dr. Khandker Saadat Hossain
<b>Department/Institute/Address</b>	: Department of Physics, University of Dhaka
<b>Date of Requisition</b>	: 2025-05-24
<b>Laboratory</b>	: Basic Facilities and Sample Processing Laboratory
Service Name	: XRD (Thin Film/Bulk)
<b>Sample ID</b>	: sample 1, Sample 2, Sample 3
<b>Number of Samples</b>	: 3
<b>Sample Type</b>	: Inorganic
<b>Sample Composition</b>	: TiO <sub>2</sub> , TiO <sub>2</sub> /Cu
<b>Sample Nature</b>	:
<b>If the sample Contains Moisture or Volatile Org. Solvent (VOS)</b>	: Absent
<b>Sample stability</b>	: Air and moisture stable
<b>Sample amount / size</b>	: 2cm x 2 cm (approx.)
<b>Scan range (2-theta<sub>0</sub>)</b>	: 0-100
<b>Step/min</b>	: Standard (3 degree/minute)
<b>Submit Date</b>	: 2025-05-24
<b>Category for Billing</b>	: Category B: Any funded project of D.U. teachers/researchers
Cost	: Tk. 3000
<b>Student/Person</b>	: Abul Bashar Raqib
<b>Mobile No</b>	: 01521544722
<b>Email</b>	: ab.raqib17@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: -----

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:

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Chief Scientist/Principal Scientist/Senior Scientist/Scientist/Analyst

Calculation of Bill: -----

Bill number: ----- Date: -----

\_\_\_\_\_  
Principal Accounts Officer