



**Analytical Service Requisition Form for Elemental (C,H,N & S) Service  
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. Md. Abdulla-Al-Mamun   |
| Department/Institute/Address | Institute of Leather Engineering and Technology, 44-50 Hazaribagh    |
| Date of Requisition          | 2025-01-19   |
| Laboratory                   | Environment and Analytical Chemistry Research Laboratory             |
| Service Name                 | C,H,N,S analyzer   |
| Sample ID                    | VW and FW  |
| Sample Composition           | CHNS   |
| Sample Type                  | 2  |
| Metal Content Approximate %  | 5  |
| Halides / Phosphates         | NA   |
| Delivery Format              | in a CD  |
| Category for Billing         | Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U |
| Cost                         | Tk. 600  |
| Student/Person               | Dr. MD. ABDULLA-AL-MAMUN   |
| Mobile No                    | 01764198278  |
| Email                        | mamun.ilet@du.ac.bd  |
| Submission Date              | 2025-01-19   |

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:

---

**(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