



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. Md. Shahadat Hossain |
| Department/Institute/Address | Pharmaceutical Technology, University of Dhaka |
| Date of Requisition | 2024-11-24 |
| Laboratory | Drug Analysis & Research Laboratory (Contact with Lab In-Charge) |
| Service Name | HPLC (UV and Fluorescence Detectors) |
| Sample ID | R0,R2,R3,R4,R5,R6,R7,R8,R9,R10,R11,R12,R13,R14 |
| Sample Name | Drug |
| Number of Samples | 15 |
| Name of Elements | Rosuvastatin |
| Purpose | For Formulation Research |
| Category for Billing | Category B: Any funded project of D.U. teachers/researchers |
| Cost | Tk. 15300 |
| Student/Person | Abdullah Al Noman |
| Mobile No | 01616029772 |
| Email | noman150788du@gmail.com |
| Submission Date | 2024-11-24 |

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