



**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 <https://cars.du.ac.bd/services/forms>

X-ray equipment: RIGAKU Ultima IV X-ray Diffractometer

| | | |
|---|---|---|
| Name of Teacher/Person | : | Dr. Md. Iqbal Ahmed |
| Department/Institute/Address | : | Khulna University, Pharmacy Discipline |
| Date of Requisition | : | 2024-08-13 |
| Laboratory | : | Basic Facilities and Sample Processing Laboratory |
| Service Name | : | XRD (Crystalline/Amorphous powder) |
| Sample ID | : | Sample1 and Sample2 |
| Number of Samples | : | 2 |
| Sample Type | : | Pharmaceutical |
| Sample Composition | : | Powder |
| Sample Nature | : | |
| If the sample Contains Moisture or Volatile Org. Solvent (VOS) | : | Present in a small quantity |
| Sample stability | : | Air and moisture stable |
| Sample amount / size | : | Not less than 500 mg |
| Scan range (2-thetaθ) | : | 10 ^{>0} -70 ^{>0} |
| Step/min | : | Standard (3 degree/minute) |
| Submit Date | : | 2024-08-13 |
| Category for Billing | : | Category C: Service to individual/consultant/institution/agency |
| Cost | : | Tk. 4000 |
| Student/Person | : | Md Ali Akbar |
| Mobile No | : | 01788068958 |
| Email | : | aliakbar181118@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: -----

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