



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	: Md Adbulla Sayem
Department/Institute/Address	: Physics
Date of Requisition	: 2024-12-04
Laboratory	: Basic Facilities and Sample Processing Laboratory
Service Name	: XRD (Crystalline/Amorphous powder)
Sample ID	: s1,s2,s3
Number of Samples	: 3
Sample Type	: Composite Material
Sample Composition	: Fe3O4 nano + Graphene Oxide
Sample Nature	:
If the sample Contains Moisture or Volatile Org. Solvent (VOS)	: Not sure
Sample stability	: Air and moisture stable
Sample amount / size	: Not less than 500 mg
Scan range (2-theta)	: 10 ⁰ -70 ⁰
Step/min	: Standard (3 degree/minute)
Submit Date	: 2024-12-04
Category for Billing	: Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	: Tk. 3000
Student/Person	: M Hasanujjaman
Mobile No	: 01521522639
Email	: mhasanujjaman713@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 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