

Analytical Service Requisition Form Centre for Advanced Research in Sciences (CARS) University of Dhaka, Dhaka-1000, Bangladesh

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Name of Teacher/Person	Prof. Dr. Sitesh Chandra Bachar	
Department/Institute/Address	Clinical Pharmacy & Pharmacology, DU	
Date of Requisition	2024-07-14	
Laboratory	Food and Nutrition Research Laboratory (Contact with Lab In-Charge)	
Service Name	Antibacterial assay (per bacteria)	
Sample ID	S1, S2, S3	
Sample Name	S1=Azadirachta indical, S2= Morus alb, S3= Annonya squamosa	
Number of Samples	3	
Name of Elements	Plant leaf of Azadirachta indical; (???), Morus alb; (???), Annonya squamosa; (???)	
Purpose	PhD Thesis	
Category for Billing	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U	
Cost	Tk. 3000	
Student/Person	Dr. Md. Shakil Akhter	
Mobile No	01726262214	
Email	drshakil71@gmail.com	
Submission Date	2024-07-14	

Si	ignature 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 char I hereby attest the above declaration an	riman/director nd recommend that the above analysis be billed under category	
Name and Signature of Chairman/ I	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