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.sharmin akhter
Department/Institute/Address	Dhake medical collage
Date of Requisition	2024-08-28
Laboratory	Drug Analysis & Research Laboratory (Contact with Lab In-Charge)
Service Name	Rotavapor (Organic phase per hour)
Sample ID	S-1
Sample Name	Ethanolic extract of guava leaves
Number of Samples	1
Name of Elements	Ethanol
Purpose	Mphil pharmacology(thesis part)
Category for Billing	Category C: Service to individual/consultant/institution/agency
Cost	Tk. 2000
Student/Person	Dr.sharmin akhter
Mobile No	01766538044
Email	aniekhana@gmail.com
Submission Date	2024-08-28

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:

Centre for Advanced Research in Sciences (CARS), University of Dhaka reserves the right to accept or reject any service request without stating any reason thereof.

(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

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