



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	SHOVON MONDAL
Department/Institute/Address	Physics
Date of Requisition	2025-05-20
Laboratory	Materials Science Research Laboratory (Contact with Lab In-Charge)
Service Name	UV Spectrophotometer/Absorbance at fixed I/ Recording absorption spectrum
Sample ID	PCNO
Sample Name	PCNO
Number of Samples	1
Name of Elements	SHOVON MONDAL
Purpose	Project
Category for Billing	Category C: Service to individual/consultant/institution/agency
Cost	Tk. 190
Student/Person	SHOVON MONDAL
Mobile No	01632327723
Email	s-2020616300@phy.du.ac.bd
Submission Date	2025-05-20

Signature of teacher/person requesting the service: -----

Recommendation from concerned chairman/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