



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	:	Prof. Dr. Khandker Saadat Hossain
Department/Institute/Address	:	Physics, DU
Date of Requisition	:	2024-07-15
Laboratory	:	Basic Facilities and Sample Processing Laboratory
Service Name	:	XRD (Thin Film/Bulk)
Sample ID	:	S1, S2, S3, X1, X2, X3, X4, X5
Number of Samples	:	8
Sample Type	:	Composite Material
Sample Composition	:	Te doped TiO ₂
Sample Nature	:	
If the sample Contains Moisture or Volatile Org. Solvent (VOS)	:	Absent
Sample stability	:	May decompose when subjected to X-ray
Sample amount / size	:	2cm x 2 cm (approx.)
Scan range (2-theta)	:	10 ⁰ -70 ⁰
Step/min	:	Standard (3 degree/minute)
Submit Date	:	2024-07-15
Category for Billing	:	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	:	Tk. 8000
Student/Person	:	Tamanna Subrin Tawma
Mobile No	:	01521582840
Email	:	tamannatawma@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 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