

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

X-ray equipment: RIGAKU Ultima IV X-ray Diffractometer

| Name of Teacher/Person | : | Professor Dr. Md. Iqbal Ahmed |
|--|---|---|
| Department/Institute/Address | : | Pharmacy Discipline, Khulna University |
| Date of Requisition | : | 2024-08-26 |
| Laboratory | : | Basic Facilities and Sample Processing Laboratory |
| Service Name | : | XRD (Crystalline/Amorphous powder) |
| Sample ID | : | Sample 1 |
| Number of Samples | : | 1 |
| Sample Type | : | Pharmaceutical |
| Sample Composition | : | Silver nanoparticle |
| Sample Nature | : | |
| If the sample Contains Mositure or Volatile Org. Solvent (VOS) | : | Absent |
| Sample stability | : | Air and moisture stable |
| Sample amount / size | : | Not less than 500 mg |
| Scan range (2-theta0) | : | 10 ⁰ -70 ⁰ |
| Step/min | : | Standard (3 degree/minute) |
| Submit Date | : | 2024-08-27 |
| Category for Billing | : | Category C: Service to individual/consultant/institution/agency |
| Cost | : | Tk. 2000 |
| Student/Person | : | Md Ali Akbar |
| Mobile No | : | 01788068958 |
| Email | : | aliakbar181118@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: -----

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