



**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 | : | Sonia Hossain |
| Department/Institute/Address | : | TE, AUST |
| Date of Requisition | : | 2024-09-18 |
| Laboratory | : | Basic Facilities and Sample Processing Laboratory |
| Service Name | : | XRD (Crystalline/Amorphous powder) |
| Sample ID | : | S1, S2, S3 |
| Number of Samples | : | 3 |
| Sample Type | : | Inorganic |
| Sample Composition | : | Polyester |
| Sample Nature | : | |
| If the sample Contains Moisture or Volatile Org. Solvent (VOS) | : | Not sure |
| Sample stability | : | Air and moisture stable |
| Sample amount / size | : | 2cm x 2 cm (approx.) |
| Scan range (2-theta⁰) | : | 10 ^{<sup>0</sup>-70^{<sup>0</sup>}} |
| Step/min | : | Standard (3 degree/minute) |
| Submit Date | : | 2024-09-18 |
| Category for Billing | : | Category C: Service to individual/consultant/institution/agency |
| Cost | : | Tk. 6000 |
| Student/Person | : | Sonia Hossain |
| Mobile No | : | 01715027493 |
| Email | : | sonia_tex@aust.edu |

- 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