



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	:	Iffat Nur Esha
Department/Institute/Address	:	Physics , DU
Date of Requisition	:	2024-09-29
Laboratory	:	Basic Facilities and Sample Processing Laboratory
Service Name	:	XRD (Crystalline/Amorphous powder)
Sample ID	:	S1, S2, S3, S4,S5,S6,S7
Number of Samples	:	7
Sample Type	:	Inorganic
Sample Composition	:	SnO2, Cr doped SnO2, and Cr-Fe codoped SnO2
Sample Nature	:	
If the sample Contains Moisture or Volatile Org. Solvent (VOS)	:	Absent
Sample stability	:	Air and moisture stable
Sample amount / size	:	Not less than 500 mg
Scan range (2-theta0)	:	20-90
Step/min	:	Standard (3 degree/minute)
Submit Date	:	2024-09-29
Category for Billing	:	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	:	Tk. 7000
Student/Person	:	Kazi Azrin Zahan
Mobile No	:	01317908819
Email	:	s-2018925724@phy.du.ac.bd

- 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 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