

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

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Name of Teacher/Person	:	Md Abdullah Sayem
Department/Institute/Address	:	Physics
Date of Requisition	:	2024-09-30
Laboratory	:	Basic Facilities and Sample Processing Laboratory
Service Name	:	XRD (Crystalline/Amorphous powder)
Sample ID	:	Fe3O4 S1 & ZnO S2
Number of Samples	:	2
Sample Type	:	Composite Material
Sample Composition	:	Fe3O4 Nanoparticles and ZnO nanoparticles
Sample Nature	:	
If the sample Contains Mositure or Volatile Org. Solvent (VOS)	:	Not sure
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	:	2024-10-01
Category for Billing	:	Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	:	Tk. 2000
Student/Person	:	M Hasanujjaman
Mobile No	:	01521522639
Email	:	mhasanujjaman713@gmail.com
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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