



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	: Nandita Deb
Department/Institute/Address	: Physics, University of Dhaka
Date of Requisition	: 2024-10-22
Laboratory	: Basic Facilities and Sample Processing Laboratory
Service Name	: XRD (Crystalline/Amorphous powder)
Sample ID	: S1
Number of Samples	: 01
Sample Type	: Inorganic
Sample Composition	: MnGd0.1Fe1.96O4
Sample Nature	:
If the sample Contains Moisture or Volatile Org. Solvent (VOS)	: Present in a small quantity
Sample stability	: Air and moisture stable
Sample amount / size	: Not less than 500 mg
Scan range (2-thetaθ)	: 10 ^{>0</sup>-70^{>0</sup>}}
Step/min	: Standard (3 degree/minute)
Submit Date	: 2024-10-22
Category for Billing	: Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U
Cost	: Tk. 1000
Student/Person	: Mst. Sornali Akter
Mobile No	: 01880822688
Email	: sornali599@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 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