



# 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   | : | Dr. Imtiaz Ahmed   |
| Department/Institute/Address                                   | : | Electrical and Electronic Engineering                                |
| Date of Requisition  | : | 2024-06-30   |
| Laboratory   | : | Basic Facilities and Sample Processing Laboratory                    |
| Service Name   | : | XRD (Crystalline/Amorphous powder)                                   |
| Sample ID  | : | CNBC01 and CNBC02  |
| Number of Samples  | : | 02   |
| Sample Type  | : | Inorganic  |
| Sample Composition   | : | Cs <sub>2</sub> NaBiCl <sub>6</sub>                                  |
| Sample Nature  | : |  |
| If the sample Contains Moisture or Volatile Org. Solvent (VOS) | : | None   |
| Sample stability   | : | Air and moisture stable  |
| Sample amount / size   | : | Not less than 500 mg   |
| Scan range (2-theta $\theta$ )                                 | : | 10 Deg - 80 Deg  |
| Step/min   | : | 2 degree/min   |
| Submit Date  | : | 2024-06-30   |
| Category for Billing   | : | Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U |
| Cost   | : | Tk.  |
| Student/Person   | : | Dr. Imtiaz Ahmed   |
| Mobile No  | : | 01712782833  |
| Email  | : | imtiaz@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 chairman/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:

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**(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