

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

X-ray equipment: RIGAKU Ultima IV X-ray Diffractometer

| | _ | |
|----------------------------------------------------------------|---|----------------------------------------------------------------------|
| Name of Teacher/Person | : | Md Jubaer Hosen |
| Department/Institute/Address | : | Department of Physics |
| Date of Requisition | : | 2025-03-10 |
| Laboratory | : | Basic Facilities and Sample Processing Laboratory |
| Service Name | : | XRD (Crystalline/Amorphous powder) |
| Sample ID | : | PNCO |
| Number of Samples | : | 1 |
| Sample Type | : | Inorganic |
| Sample Composition | : | Pr2NiCoO6 |
| Sample Nature | : | |
| If the sample Contains Mositure or Volatile Org. Solvent (VOS) | : | None |
| Sample stability | : | Air and moisture stable |
| Sample amount / size | : | Not less than 500 mg |
| Scan range (2-theta0) | : | 20-80 |
| Step/min | : | Standard (3 degree/minute) |
| Submit Date | : | 2025-03-10 |
| Category for Billing | : | Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U |
| Cost | : | Tk. 1000 |
| Student/Person | : | Md Jubaer Hosen |
| Mobile No | : | 01521328532 |
| Email | : | jubaer920@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 |