Centre for Advanced Research in Sciences (CARS)
University of Dhaka, Dhaka-1000

Requisition Form for X-Ray Analytical Service (XRD)
X-ray equipment: RIGAKU Ultima IV X-ray Diffractometer

Name of Teacher/Person requesting for the service: ---

Department/Institute/Address: ---

DATE OF REQUISITION: --

(A) Sample information:

(1) Sample ID	---
(2) Number of Samples	---
(3) Sample Type	Inorganic /Mineral/ Alloys/ Composite Material /Organic /Pharmaceutical / other (please specify)
(4) Sample Composition	---
(5) Sample nature	**Crystalline Solid / Amorphous Powder / Thin Film/ Others (Please specify)**
(6) If the sample Contains *Mositure or Volatile Org. Solvent (VOS)*	Moisture: Absent / Present in a small quantity / High moisture Content / None / Not sure
	VOS: Absent /Present in a small quantity /High VOS Content /None /Not sure
(7) Sample stability	Air and moisture stable / Hygroscopic / Decompose in air / Sublime / may decompose when subjected to X-ray
(8) Sample amount / size	Not less than 500 mg / 2cm x 2 cm (approx.)

(B) Analytical Service required:

(1) Scan range (2-theta^0)	10^0-70^0/ other (please specify)
(2) Step/min	Standard (3^0/min)/ specify

*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.*

Category for Billing Purpose (Tick one)

       Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U. ☐
       Category B: Any funded project of D.U. teachers/researchers ☐
       Category C: Service to individual/consultant/institution/agency ☐

SIGNATURE OF TEACHER/PERSON REQUESTING THE SERVICE ---

REQUIRED FOR CATEGORIES A & B:

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:

(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

Rate for XRD Spectrum

Sample nature	Category A	Category B	Category C
Crystalline/Amorphous powder	Tk. 1000/-	Tk. 1500/-	Tk. 2000/-
Thin Film/Bulk	Tk. 1500/-	Tk. 2000/-	Tk.2500/-

Student/Person Name:

Telephone/Mobile No:

Email: