



Centre for Advanced Research in Sciences (CARS)
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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 **Moisture** Moisture: Absent / Present in a small quantity / High moisture Content / None
or Volatile Org. Solvent (VOS) / 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-theta⁰) 10⁰-70⁰/ other (please specify)

(2) Step/min Standard (3⁰/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: -----

Sr. 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: