



**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 Abdullah Sayem  |
| Department/Institute/Address                                   | : | Physics  |
| Date of Requisition  | : | 2024-09-30   |
| Laboratory   | : | Basic Facilities and Sample Processing Laboratory                              |
| Service Name   | : | XRD (Crystalline/Amorphous powder)   |
| Sample ID  | : | Fe3O4 S1 & ZnO S2  |
| Number of Samples  | : | 2  |
| Sample Type  | : | Composite Material   |
| Sample Composition   | : | Fe3O4 Nanoparticles and ZnO nanoparticles                                      |
| Sample Nature  | : |  |
| If the sample Contains Moisture or Volatile Org. Solvent (VOS) | : | Not sure   |
| Sample stability   | : | Air and moisture stable  |
| Sample amount / size   | : | Not less than 500 mg   |
| Scan range (2-theta <sup>0</sup> )                             | : | 10 <sup>&lt;sup&gt;0&lt;/sup&gt;</sup> -70 <sup>&lt;sup&gt;0&lt;/sup&gt;</sup> |
| Step/min   | : | Standard (3 degree/minute)   |
| Submit Date  | : | 2024-10-01   |
| Category for Billing   | : | Category A: DU Teachers and Students doing M.S./M.Phil/PhD under D.U           |
| Cost   | : | Tk. 2000   |
| Student/Person   | : | M Hasanujjaman   |
| Mobile No  | : | 01521522639  |
| Email  | : | mhasanujjaman713@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 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