

## Requisition for FTIR Measurement

To  
The Director,  
Institute of Glass and Ceramic Research & Testing (IGCRT),  
BCSIR, Dhanmondi, Dhaka-1205

**Date:**

<b>1</b>	<b>Information of Applicant</b>	:	Name:		
		:	Designation:		
		:	Division:		
		:	Institution:		
		:	Email:		
		:	Phone number:		
<b>2</b>	<b>Name of Project</b>	:			
<b>3</b>	<b>Chemical Name</b>	:		No. of Sample	
<b>4</b>	<b>Sample Condition</b>	:			
<b>5</b>	<b>Special instruction(s)</b>	:			
<b>6</b>	<b>No of the Sample analyzed in this financial year from same project</b>				

### Acknowledging the work of the concerned scientist performing the analysis

SL. No.	The type of recognition given by the concerned scientist	Number of samples in 01 financial year (for 01 approved R& D project)	Tick where applicable
01.	As co-author in research article	Analysis of 1-5 sample	
02.	As co-author in research article & Inclusion as research associate in the R & D project	Analysis more than 5 samples	

\_\_\_\_\_  
Signature of scientist  
(With date)

\_\_\_\_\_  
Signature of Division  
in charge (with date)

\_\_\_\_\_  
Signature of Director /Officer-in  
charge (with date)

### For IGCRT office only

Sample ID No.:	
Analysis date:	

\_\_\_\_\_  
Signature of Director (IGCRT)  
(with date and seal)