

19-Dec-21



UNIVERSITY OF MYSORE

CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE SCHEME

Vijnana Bhavana, Hunsur Road  
Manasagangotri, Mysore-570 006

Requisition Form for Instrumentation Facility

Student Name: Pooshank M.V Supervisor's Name: Dr. Suma H.N  
 Student Designation: Research Scholar  
 Department: Biochemistry  
 Tel/Mobile no: 9481877036 Email: ppooshank90@gmail.com  
 Address: JSS Medical College  
Bannimantap, Mysuru-57  
 Specification: .....  
 Required Date and Time of Usage: 21-12-19  
 Instrument to be Used: gel Document  
 Number of Samples: 0.1  
 Type of Sample: Western Blot  
 Special Requirements (if any): .....

**Declaration:**

I agree that all the information provided above is true. In any publication to be published using the results, Instrumentation Facility, IOE, University of Mysore, Manasagangotri, Mysore 570 006, India will be acknowledged and a copy of the same will be sent to the IOE Office, University of Mysore, Manasagangotri, Mysore 570 006, India.

Pooshank M.V  
Signature of the Student

Suma H.N  
Signature of the Guide/HOD (with seal)

**Professors & Head  
Dept of Biochemistry,  
J.S.S. MEDICAL COLLEGE  
Old Bannimantap,  
MYSORE-570 018**