



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

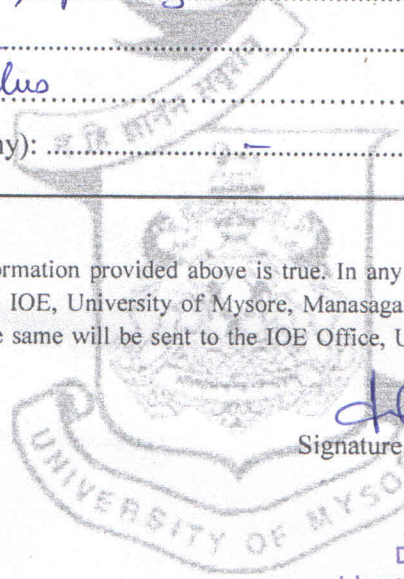
Student Name: Rashmi V Supervisor's Name: Dr. K.R. Sanjay
Student Designation: Research Scholar
Department: SICE Dept of Biotechnology Mysuru
Tel/Mobile no: 9900667699 Email: rashmi4.v@gmail.com
Address: #155 ; TN Pura Road ; Manahelli Mysuru - 28

Specification:
Required Date and Time of Usage: 11 - Nov - 2019
Instrument to be Used: Lyophilization
Number of Samples: 2
Type of Sample: Callus
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.

Rashmi V
Signature of the Student



Dr. K.R. Sanjay
Signature of the Guide/HOD (with seal)

Dr. K.R. SANJAY
Associate Professor
Department of Biotechnology
ri Jayachamarajendra College of Engineering
Mysore - 570 006