



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: S JCE Mysuru
 Tel/Mobile no: 9900667699 Email: rashmi.v@gmail.com
 Address: #155 TN Pura Road Alanahalli Mysuru -28

Specification:

Required Date and Time of Usage: 12-09-2019

Instrument to be Used: Lyophilizer

Number of Samples: 1

Type of Sample: Plant

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

Jayachamarajendra College of Engineering
 Mysore - 570 006