

19-Aug-554



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: Priyanka Nank Pank Supervisor's Name: Dr. J. Shankar  
Student Designation: Research Scholar  
Department: P.G. Dept. of Biotechnology, Teresian College  
Tel/Mobile no: 9739068379 Email: \_\_\_\_\_  
Address: Teresian College

Specification: \_\_\_\_\_  
Required Date and Time of Usage: 2 weeks  
Instrument to be Used: lyophilizer, gel electrophoresis unit, microscopy  
Number of Samples: \_\_\_\_\_  
Type of Sample: 1  
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.

Signature of the Student  
[Signature]

Signature of the Guide/HOD (with seal)  
[Signature]  
**Dr. J. Shankar, M.Sc., Ph.D.,  
Assistant Professor**

For Office Use Only

**P.G. Dept. of Biotechnology  
Teresian College, Mysore-11**