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UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	POLARIZING & STEREOZOOM	SEM/STEM
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Student Name: Dr Jagannath Chanda Supervisor Name: Dr. B. K. Samui

Student Designation: ...Scientist.....

Department:...HASETRI, Hebbal Industrial Area. Mysuru-570016.....

Tel/Mobile no: 09513330523.....Email:jagannath.chanda@jkmil.com.....

Category: University of Mysore Other University/Institution Industry yes

Address:HASETRI, 437, Hebbal Industrial Area, JK Tyre Truck Radial Plant-2, Mysuru-570016.....

Specification:

Required Date and Time of Usage:

Number of Samples: one.....

Type of Sample: Rubber cured sample

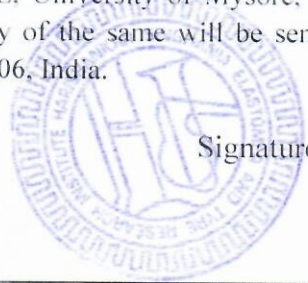
Special Requirements (if any): SEM images at failed area

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, Imaging 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 Student

Signature of Guide/HOD (With seal)



Dr. B. K. Samui
(B. K. SAMUI)