

19-Aug-19



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: Dr. H.B. Manj Kumar Supervisor's Name: Dr. R.S. Anur Kumar
Student Designation: Research Associate
Department: Mol. Bio-I CSRTI Mysore
Tel/Mobile no: 9964663850 Email: manj.kumar17@gmail.com
Address: CSRTI Mysore

Specification:
Required Date and Time of Usage: 16.08.2019 ~~at~~ 3:00 PM to 4:00 PM
Instrument to be Used: Nano drop
Number of Samples: 35 Samples
Type of Sample: Fungal DNA Samples
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] 16/8/19
Signature of the Student

[Signature] 16/8/19
Signature of the Guide/HOD (with seal)

वैज्ञानिक / Scientist-C
आण्विक जीव विज्ञान प्रयोगशाला
Molecular Biology Laboratory-I
केंद्रीय रेशम उत्पादन अनुसंधान एवं प्रशिक्षण संस्थान,
Central Sericultural Research and Training Institute

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