

30-Feb-67

R00028



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: G. Udaykiran Supervisor's Name: Dr. B. M. Gurupadayya

Student Designation: Research scholar

Department: Pharmaceutical chemistry

Tel/Mobile no: 897842376 Email: Uday.kantha@gmail.com

Address: JSS College of Pharmacy, Mysuru

Specification:

Required Date and Time of Usage: 12-02-2020

Instrument to be Used: LC-MS/MS

Number of Samples: One

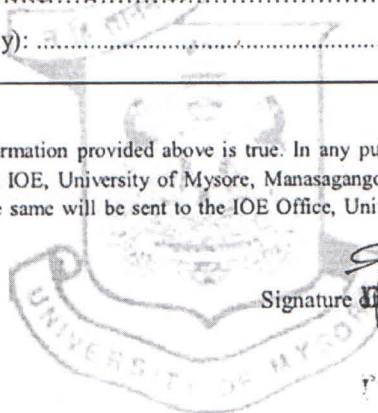
Type of Sample: Plant Extract

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.

G. Udaykiran
Signature of the Student



Dr. B. M. Gurupadayya
Signature of the In-charge Officer (with Seal)
M.Pharm.Ph.D.

Professor
Dept. of Pharm. Chemistry
JSS College of Pharmacy
Mysore-570015