


UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE SCHEME

Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

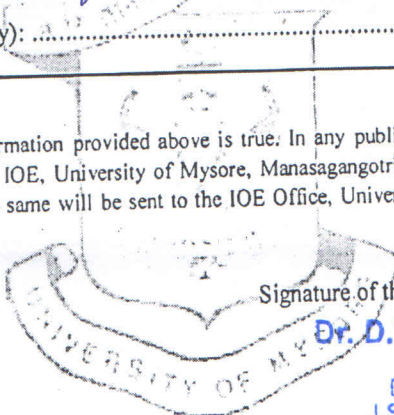
Requisition Form for Instrumentation Facility

Student Name: Manohar. M. Supervisor's Name: Dr. D.V. Gowda.
Student Designation: Research Scholar.
Department: Pharmaceutics
Tel/Mobile no: 8105494968 Email: manu.mahadev16@gmail.com
Address: Dept. of Pharmaceutics, JSS College of Pharmacy,
JSS AHER, Mysuru-15.
Specification:
Required Date and Time of Usage: 08-07-2020
Instrument to be Used: lyophilizer
Number of Samples: 01
Type of Sample: Liquid (Emulsion)
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.

Manohar
07/7/2020
Signature of the Student



Gowda
Signature of the Guide/HOD (with seal)

Dr. D.V. Gowda, M.Pharm, Ph.D
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