

19-Oct-633



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: Vadikari Arun Kumar Supervisor's Name: Dr. Vikas Jain.

Student Designation: M. Pharmacy II<sup>nd</sup> Year

Department: Pharmaceutics

Tel/Mobile no: 8970641215, 9642270336 Email: arunvadikari93@gmail.com

Address: JSS College of Pharmacy, JSS Academy of Higher Education and Research, Bannimantap, SS Nagar, Mysuru.

Specification: .....

Required Date and Time of Usage: .....

Instrument to be Used: Lyophilizer for Lyophilization

Number of Samples: 3

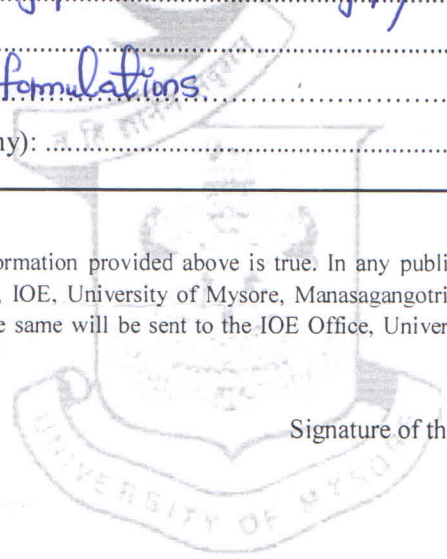
Type of Sample: Nanoformulations

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.

V. Vadikari  
Signature of the Student



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

