



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: Pallavi Chand Supervisor's Name: Dr. Vikas Jain
 Student Designation: Ph.D scholar
 Department: Pharmaceutics
 Tel/Mobile no: 963 9856657 Email: pallavichand1990@gmail.com
 Address: JSS College of Pharmacy
Bannimantap, Mysore
 Specification:
 Required Date and Time of Usage: 26-07-2019
 Instrument to be Used: Lyophilization, XRD & SEM
 Number of Samples: 4
 Type of Sample: Nanoemulsion
 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 of the Student Pallavi

Signature of the Guide/HOD (with seal) Vikas

