



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE
 Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	POLARIZING & STEREOZOOM	SEM/STEM
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Student Name: Nandini H.S. Supervisor Name: Dr. K. L. Krishna

Student Designation: PhD Scholar

Department: Department of Pharmacology

Tel/Mobile no: 8971402401 Email: nandini.sk19@gmail.com

Category: University of Mysore Other University/Institution Industry

Address: JSS College of Pharmacy, S.S. Nagar

Banninanthap, Mysuru

Specification:

Required Date and Time of Usage: 20/12/2020 and 10:30 am

Number of Samples: One Specimen

Type of Sample:

Special Requirements (if any):

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, Imaging 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 Student Nandini H.S.

Signature of Guide/HOD (With seal) Dr. K. L. Krishna 10.12.2020
 Assistant Professor

JSS College of Pharmacy
 JSS AHER, MYSURU