

21-Jan-27



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

POLARIZING & STEREOZOOM

Student Name: Sunit C.G. Supervisor Name: Dr. Rajesha J.
 Student Designation: Research Scholar
 Department: Biochemistry
 Tel/Mobile no: 9481169270 Email: Sunitulal@gmail.com
 Category: University of Mysore Other University/Institution Industry
 Address: Depd. of Biochemistry, Yuvaraja's College Mysuru.
 Specification: polarizing microscope
 Required Date and Time of Usage: 13/12/2021
 Number of Samples: 01
 Type of Sample: photo pathological slide
 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

Signature of Guide/HOD (With seal)
Dr. J. RAJESHA, M.Sc., Ph.D.,
Head, Department of Biochemistry
Yuvaraja's College
University of Mysore, Mysore-570005
Cell#: 9480380022