



UNIVERSITY OF MYSORE

L-21 Feb 22

**CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE SCHEME**

Vijnana Bhavana, Hunsur Road  
Manasagangotri, Mysore-570 006

**Requisition Form for Instrumentation Facility**

Student Name: Dr. Shivakumar L Supervisor's Name: .....

Student Designation: Scientist

Department: Spice and Flavour Science

Tel/Mobile no: 7760240257 Email: shivakumardr@cftri.res.in

Address: Cheluvamba Mansion, CSIR - CFTRI, Mysore

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Specification: .....

Required Date and Time of Usage: 17-02-2021

Instrument to be Used: Liquid Nitrogen

Number of Samples: 6 liter

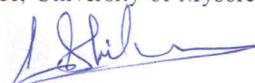
Type of Sample: .....

Special Requirements (if any): .....

**Declaration:**

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

  
Signature of the Guide/HOD (with seal)