

21-Jan-07



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: KIRAN.Y.V Supervisor's Name: Dr. Devaraju

Student Designation: LAB WORK

Department: CHEMISTRY

Tel/Mobile no: 7090010158 Email: kiranathefarmer@gmail

Address: yuvaraja's college (Autonomous)

Specification: 1

Required Date and Time of Usage: 4-01-21

Instrument to be Used: FTIR

Number of Samples: 2

Type of Sample: CAFFEINE

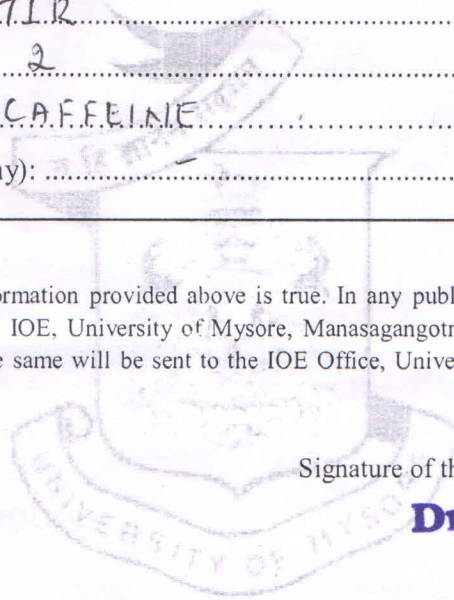
Special Requirements (if any):

**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.

KIRAN.Y.V  
Signature of the Student

Devaraju  
Signature of the Guide/HOD (with seal)



**Dr. DEVARAJU**  
M.Sc, M.Phil, Ph.D.,

Assistant Professor  
Department of Chemistry  
Yuvaraja's College

**MYSORE-570 005**

For Office Use Only