



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: Chaitheya K.M Supervisor's Name:

Student Designation: PhD

Department: Department of Chemistry

Tel/Mobile no: 9742566580 Email: chaitheya.km@gmail.com

Address: Yuvrajaja's college, university of Mysore,
Mysore-570005

Specification: Research scholar

Required Date and Time of Usage: 10/07/2020 & 1 hour

Instrument to be Used: UV

Number of Samples: (3)

Type of Sample: liquid

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.

Chaitheya K.M
Signature of the Student

Dr. B.M. VENKATESHA
Asst. Prof. in Charge
Department of Chemistry (UG&PG)
Yuvaraja's College
University of Mysore, Mysore-570005