

20-JUL-63

CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE SCHEME

Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

Requisition Form for Instrumentation Facility

Student Name: Sindhya Shree H.S Supervisor's Name:

Student Designation: PhD

Department: Chemistry

Tel/Mobile no: 9482753275 Email: SindhyaShreeHS719@gmail.com

Address: Yuvaraja's college
University of Mysore Mysuru - 570005

Specification:

Required Date and Time of Usage: 15/07/2020 30 mins

Instrument to be Used: UV

Number of Samples: (2) + (3) = 5 samples

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.

[Signature]
Signature of the Student

[Signature]
Dr. B.M. VENKATESHA
Associate Professor
Department of Chemistry (UG&PG)
Yuvaraja's College
University of Mysore, Mysore-570005