



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: Vedhavathi H.S Supervisor's Name: Dr. Siddaramaiah
 Student Designation: Research Scholar
 Department: Chemistry
 Tel/Mobile no: 9739708553 Email: vedhavathi9388@gmail.com
 Address: SJCE, JSSSTU Mysore
 Specification: 400 - 8000 scale
 Required Date and Time of Usage: _____
 Instrument to be Used: XRD
 Number of Samples: 8
 Type of Sample: 3 Powder sample + 5 film 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.

Vedhavathi H.S
Signature of the Student

Siddaramaiah
Signature of the Guide/Head (with seal)

Professor and Head

Department of Polymer Science & Technology

College of Engineering

MYSURU-570 006