



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: Arun Kumar Studal Supervisor's Name: Dr. Manoj Kumar Mishra

Student Designation: R-A P.d-I

Department: Tissue Culture & Biotechnology Division

Tel/Mobile no: 254 3612 Email: dh-coffbiotech@gmail.com

Address: Coffee Board Mysore

Specification: Liquid Nitrogen - 30Ltrs

Required Date and Time of Usage: 11-01-2021

Instrument to be Used: .....

Number of Samples: 30Ltrs

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.

Arun Studal  
Signature of the Student

Manoj Kumar Mishra  
Signature of the Guide/HOD (with seal)

प्रभागीय प्रधान (पौधा जैवटेक्नॉलजी)

DIVISIONAL HEAD (Plant Biotechnology)