

21 Jan 25



UNIVERSITY OF MYSORE  
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE  
Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	POLARIZING & STEREOZOOM	<input checked="" type="checkbox"/> SEM/STEM
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Student Name: ..... NATASHA HABIB ..... Supervisor Name: ..... DR. VINDITHA MANJUNAT .....  
 Student Designation: ..... 3RD YEAR MDS .....  
 Department: ..... DEPARTMENT OF CONSERVATIVE DENTISTRY .....  
 Tel/Mobile no: ..... 8329807387 ..... Email: ..... tashv.20@gmail.com .....  
 Category: University of Mysore  Other University/Institution  Industry


Address: ..... JSS DENTAL COLLEGE & HOSPITAL, .....  
 ..... BANWIMANTAP, MYSORE, KARNATAKA, 570015

Specification: .....  
 Required Date and Time of Usage: ..... MONDAY, 11th JAN, 3:00 PM .....  
 Number of Samples: .....  
 Type of Sample: ..... EXTRACTED TEETH .....  
 Special Requirements (if any): .....

**Declaration:**

I agree that all the information provided above is true. In any publication to be published using the results, Imaging 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 of Student

  
Signature of Guide/HOD (With seal)  
Dept. of Course, IOE  
Dentistry & Endodontics  
J.S.S. Dental College & Hospital