

C-20-OCT-05

CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE SCHEME

Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

Requisition Form for Instrumentation Facility

Student Name: Mr. Bharatech. S Supervisor's Name: Dr Arunkumar G.S.

Student Designation: Scientist-C

Department: Molecular Biology Lab-I

Tel/Mobile no: 916448616 Email: arun.ku@juve.com

Address: CSRTI-Mysuru

Specification: Liquid Nitrogen.

Required Date and Time of Usage:

Instrument to be Used:

Number of Samples:

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.

Signature of the Student
Dr. Arun Kumar G.S.

Dr. ARUNKUMAR G.S.
वैज्ञानिक - सी / SCIENTIST-C
आण्विक जीव विज्ञान प्रयोगशाला-I
MOLECULAR BIOLOGY LABORATORY-I
केंद्रीय ज्ञान उत्पत्ती अनुसंधान एवं प्रशिक्षण संस्थान,

Signature of the Guide/HOD (with seal)
Dr. Arun Kumar G.S. 12/10/2020

Dr. ARUNKUMAR G.S.
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Central Sericultural Research & Training Institute
मानंदवाडी रोड, श्रीरामपुरा, मैसूरु-570 008

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MANANDAVADI ROAD, SRIRAMPURA, MYSURU-570 008
Allotted Date and Time:

MANANDAVADI ROAD, SRIRAMPURA, MYSURU-570 008
Duration: