

L-20-DEC-10



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: Monica Aya Supervisor's Name: Dr Arunkumar G.S.  
Student Designation: —  
Department: Molecular Biology Lab-I  
Tel/Mobile no: 9164448616 Email: arunamind22@gmail.com  
Address: CSRTI - Mysuru  
Manndawadi Road, Srirampura  
Specification: —  
Required Date and Time of Usage: 11.00 am 19/12/2020  
Instrument to be used: Liquid Nitrogen - 2 ft.  
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]  
Signature of the Student

[Signature]  
Signature of the Guide/HOD (with seal)  
डॉ. अरुणाकुमार जी. एस / Dr. ARUNAKUMAR G.S.  
वैज्ञानिक - सी / SCIENTIST-G  
उच्च शिक्षण जीव विज्ञान प्रयोगशाला  
MOLECULAR BIOLOGY LABORATORY-I  
मनसागंगोत्री, विश्वविद्यालय, मयसूर, कर्नाटक  
Central Instrumental Research & Training Institute  
मनसागंगोत्री रोड, श्रीरामपुरा, मैसूर-570 006  
MANANDAVADI ROAD, SRIRAMPURA, MYSURU-570 006

**For Office Use Only**

Allocated Date and Time

Department