



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: Dr. Manoj Kumar H.B. Supervisor's Name: Dr. Arun Kumar G.S.

Student Designation: Research Associate

Department: Molecular Biology

Tel/Mobile no: Email:

Address:

Specification:

Required Date and Time of Usage: 11/12/2020 11:00 am to 2:00 pm

Instrument to be Used: Nano drop

Number of Samples: 40

Type of Sample: DNA Samples

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] 11/12/2020
Signature of the Student

[Signature]
Signature of the Guide/HOD (with seal)

For Office Use Only

Dr. Arun Kumar G.S.
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MOLECULAR BIOLOGY LABORATORY-I
वैज्ञानिक प्रशासन अनुसंधान एवं प्रशिक्षण संस्थान,
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