

21 Jun-20



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE SCHEME

Vijnana Bhavana,
Hunsur Road Manasagangotri,
Mysore-570006

SEM

Requisition Form for Instrumentation Facility

Name: Dr Arunakumar GS

Designation: Scientist-C

Department: Central Sericulture Research and Training Institute

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Address: MBL-1, CSRTI, Mysore 570008

Specification: Microscopy work

Required Date and Time of Usage: 25-01-2021, 11.00 AM

Instrument to be Used: ...Microscope with imaging

Number of Samples: 01

Type of Sample: Fungal

Special Requirements (if any): ...Nil.....

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 570006, 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 (with seal)

25/01/21
Dr. ARUNAKUMAR G. S.
वैज्ञानिक - सी / SCIENTIST-C
आण्विक जीव विज्ञान प्रयोगशाला
MOLLECULAR BIOLOGY LABORATORY
मध्यम उत्पादन अनुसंधान एवं प्रशिक्षण संस्थान,
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