


20-08-2017


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

(16)

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	SEM/STEM ✓
----------	-------------------	--------------	------------

Student Name: SHRINIDHI BHAT Supervisor Name: DR. MADHUSUDHAN. K. N

Student Designation: M.Sc. Microbiology

Department: Molecular Biology And Bioinformatics, CSRTI

Tel/Mobile no: 9448263169 Email: shrinidhibhat59@gmail.com

Category: University of Mysore Other University/Institution Industry

Address: Molecular Biology And Bioinformatics, CSRTI,
Manathavadi Rd, Srirampura, Mahadevapura, Mysuru - 08

Specification:

Required Date and Time of Usage:

Number of Samples: 01

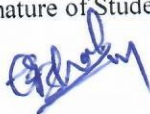
Type of Sample: SrInO₃ nanoparticle

Special Requirements (if any):

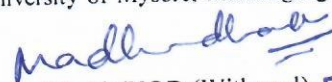
Declaration:

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)



वैज्ञानिक-डी/Scientist-D
जीव सूचना केंद्र/Bioinformatics Centre
केंद्रीय शिक्षण उद्यान अनुसंधान एवं प्रशिक्षण संस्थान
Centre, Sencultural Research and Training Institute
Srirampura, Mysuru / Mysore-570 006