



UNIVERSITY OF MYSORE  
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006



Requisition Form for Imaging Facility

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

Student Name: ROSHNI-M Supervisor Name: DR. ANITHA PETER

Student Designation: PHD SCHOLAR

Department: PLANT BIOTECHNOLOGY

Tel/Mobile no: 9019037357 Email: roshni911tips@gmail.com

Category: University of Mysore  Other University/Institution  Industry

Address: DEPT. OF PLANT BIOTECHNOLOGY, UNIVERSITY OF AGRICULTURAL SCIENCES, GKVK, BANGALORE.

Specification: Transparent thin plastic film.

Required Date and Time of Usage: .....

Number of Samples: 1

Type of Sample: NON-CONDUCTIVE

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

Anitha Peter  
Signature of Guide/HOD (With seal)

Dr. ANITHA PETER  
Professor  
Dept. of Plant Biotechnology  
University of Agricultural Sciences  
GKVK, Bengaluru - 560 065