

21- Feb 106



UNIVERSITY OF MYSORE  
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE

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

(Handwritten mark)

**Requisition Form for Imaging Facility**

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	POLARIZING & STEREOZOOM	SEM/STEM
----------	-------------------	--------------	-------------------------	----------

Student Name: Indumathi A.N Supervisor Name: Dr. Raghu.N

Student Designation: M.Sc

Department: Molecular biology

Tel/Mobile no: 7022797246 Email: vininduu@gmail.com

Category: University of Mysore  Other University/Institution  Industry

Address: JSS Academy of Higher Education and Research, Mysore Bannimantap, S.S.nagar, 570015.

Specification: SEM

Required Date and Time of Usage: 26-02-2021 @ 2.30pm

Number of Samples: 01

Type of Sample: Blood cells Normal

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

Dr. Raghu.N.  
Signature of Guide/HOD (With seal) 26/2/21