

2-21-MAR-2021



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

Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

Requisition Form for Liquid Nitrogen

Student Name: CHINNAPPA A.V. Supervisor's Name: Dr. M. V. S. S. T. SUBBARAO

Student Designation: RESEARCH SCHOLAR

Department: BIOCHEMISTRY

Tel/Mobile no: 8123135646 Email: av.chinnappa16@gmail.com

Address: CEMF Laboratory, JSS Medical College,
JSS AHER, Mysuru - 570015

Specification: liquid nitrogen

Required Date and Time of Usage: 09/03/2021

Request Volume: 1.5 litres

Issued Volume:

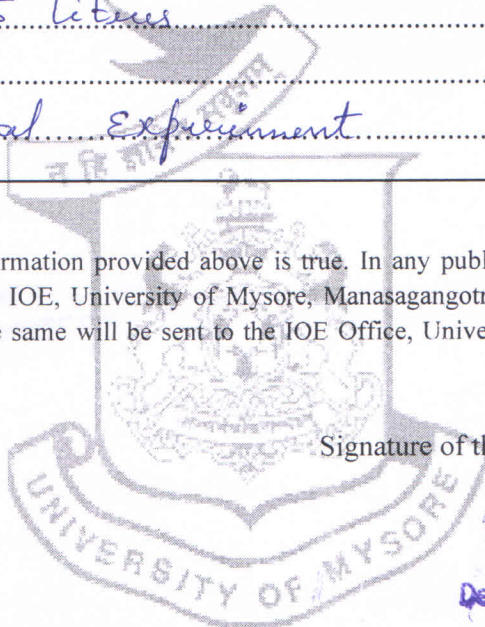
Purpose: Animal Experiment

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 of the Student

Signature of the Guide/HOD (with seal)



M V S S T Subbarao
Professor
Department of Biochemistry
JSS Medical College
MYSURU.
9/3/21

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