



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE

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

Requisition Form for Imaging Facility

POLARIZING & STEREOZOOM

Student Name: D. Urvashi Sharma Supervisor Name:

Student Designation: final year post graduate student

Department: Department of prosthodontics and crown & Bridge

Tel/Mobile no: 95.30176718 Email: urvashi76718@gmail.com

Category: University of Mysore Other University/Institution Industry

Address: Department no (10), JSS Dental College and Hospital,
Bannimantap - A layout, SS Nagar, Mysore - 570015

Specification: Measuring thickness of the material (occlusally & cervical)
section of

Required Date and Time of Usage:

Number of Samples: 30 (1 done) (29 samples)

Type of Sample: Rubber base material

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)

(Dr. M. R. Dhaleshaini)

Department of Prosthodontics, Crown &
 JSS Dental College & Hospital
 S. S. Nagar, Mysore-570 015