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

(2a)

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	SEM/STEM
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Student Name: DR. MOITRI DJHA Supervisor Name: DR. DEEPIKA P.C.
 Student Designation: POST-GRADUATE STUDENT
 Department: DEPT. OF PERIODONTOLOGY, JSS DENTAL COLLEGE & HOSPITAL
 Tel/Mobile no: 9776308414 Email: moitri@jss@yahoo.in
 Category: University of Mysore Other University/Institution Industry

Address:

Specification: SCANNING ELECTRON MICROSCOPY

Required Date and Time of Usage:

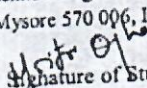
Number of Samples: 2

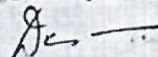
Type of Sample: BONE GRAFT

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/HOP (With seal)
 Dr. DEEPIKA P.C.

Professor
 Dept. of Periodontology
 J.S.S. Dental College & Hospital
 S.S. Nagar, Mysore-570 015