


 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	SYSTEM
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Student Name: SREE K.G Supervisor Name: GOWDA M P
 Student Designation: P.G. scholar
 Department: Industrial Pharmacy
 Tel Mobile no: 9738677310 Email: sree.kg@gmail.com
 Category: University of Mysore Other University/Institution Industry

Address:

Specification:

Required Date and Time of Usage:

Number of Samples: 2

Type of Sample: Polymeric implant

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.

Sree
Signature of Student

Gowda
Signature of Guide/HOD (With seal)
Dr. D.V. Gowda,
 Professor & Head,
 Dept. of Pharmaceutics
 J S S College of Pharmacy
 Sri Shiva-aathreeswara Nagar
 Mysuru 576 114