

21-Jan-22



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	SEM/STEM
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Student Name: SUBHAM JAIN N Supervisor Name:

Student Designation: M. Pharm

Department: Department of Pharmaceutics, Industrial Pharmacy

Tel/Mobile no: 8220096221 Email: Subhamjain721997@gmail.com

Category: University of Mysore Other University/Institution Industry

Address: JSS College of Pharmacy, Bannimantop Mysuru - 570015

Specification:

Required Date and Time of Usage:

Number of Samples: 4

Type of Sample: Pellets

Special Requirements (if any): Cross-Section View is also required

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]

[Signature]
Mr. Hemant Kumar, S. M. Pharm
Signature of Guide/HOD (With seal)
LECTURER

Dept. of Pharmaceutics
ISS College of Pharmaceutics
Sri Shivarathreeswara
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