

91-MAR-22



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

Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

Requisition Form for Instrumentation Facility

Student Name: Neelamma B.L. Supervisor's Name: Parutagouda S. Patil
Student Designation: Research Scholar
Department: Department of Physics
Tel/Mobile no: 9008979022 Email: pspatilcrystal@gmail.com
Address: K.L.E. Institute of Technology, Hubballi
Pin: -580030
Specification: 0 - 1000 °C
Required Date and Time of Usage: 6-3-2021
Instrument to be Used: TGA / DTA
Number of Samples: 0.5
Type of Sample: Organic
Special Requirements (if any):

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)

2/3/2021
Department of Physics
K.L.E. Institute of Technology
HUBBALLI-580 030.