



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: Reema K.B. Supervisor's Name: .....

Student Designation: Assistant professor .....

Department: Physics .....

Tel/Mobile no: 9448720534 Email: reemajp2000@gmail.com

Address: Maharani's science college Mysore .....

Specification: .....

Required Date and Time of Usage: .....

Instrument to be Used: Raman (LASER) Studies .....

Number of Samples: 06 .....

Type of Sample: crystals .....

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.

Reema  
Signature of the Student  
**REEMA K.B.**, Sc, MPhil, BEd  
Assistant Professor  
Department of Physics  
Maharani's Science College for Women  
JLB Road, MYSORE-570 005

Signature of the Guide/HOD (with seal)