



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

POLARIZING & STEREOZOOM

Student Name: Reema K.B. Supervisor Name:

Student Designation: Assistant professor

Department: physics

Tel/Mobile no: 9448720434 Email: reemajp2000@gmail.com

Category: University of Mysore Other University/Institution Industry

Address: Maharani's science college for women
JLB road, Mysore

Specification: Stereo zoom microscope

Required Date and Time of Usage:

Number of Samples: 04

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, 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 Reema 5/3/21

Signature of Guide/HOD (With seal)

MELVIA K.B. MSc, MPhil, BEd
Assistant Professor
Department of Physics
Maharani's Science College for Women
JLB Road, Mysore-570 006