**Requisition Form for**

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| --- |
| **RT-PCR** |

Student Name: ............................................ Supervisor Name: ..................................................

Student Designation: ...................................................................................................................

Department: .................................................................................................................................

Tel/Mobile no: ……………………………Email: .....................................................................

Category: University of Mysore Other University/Institution Industry

Address: .......................................................................................................................................

......................................................................................................................................................

Specification: ...............................................................................................................................

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

Number of Samples: ....................................................................................................................

Type of Sample: …………………………………………………..............................................

Special Requirements (if any): ....................................................................................................

**Declaration:**

I agree that all the information provided above is true. In any publication to be published using the results, RT-PCR 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 of Guide/HOD (With seal)

**For Office Use Only**

Journal/Challan No: Amount in Rs:

Date of Receipt: Name of the Bank and Address:

**Allotted Date and Time................................................ Duration..........................................................**

Analyzer Principal Scientist