**UNIVERSITY  OF MYSORE**

**CENTRAL INSTRUMENTATION AND RESEARCH FACILITY**

**INSTITUTION OF EXCELLENCE**

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

**Requisition Form for**

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| **ANIMAL CELL CULTURE** |

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

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

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

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

 Category: University of Mysore Other University/Institution Industry

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

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 **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 Student Signature of Guide/HOD (With seal)

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 Analyzed by Principal Scientist