

**CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE SCHEME**

 Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

Requisition Form for Instrumentation Facility

Student Name: Swamy P Supervisor's Name: Rajeshwar S. Matche
 Student Designation: Project - Associate - 1
 Department: Food Packaging Technology Department
 Tel/Mobile no: 8129931432 Email: rsmatche@cftri.res.in, swapeabm@gmail.com
 Address: Director Food Packaging Technology Department,
CSIR-CFTRI, Mysore

Specification:

Required Date and Time of Usage:

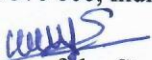
 Instrument to be Used: BET

 Number of Samples: 2

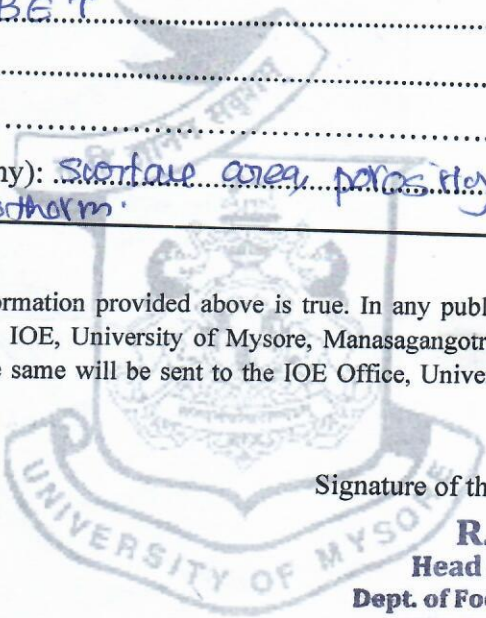
Type of Sample:

 Special Requirements (if any): Surface area, porosity, pore volume, adsorption,
desorption Isotherm.
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)



R.S. MATCHE
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