

93 - Jan - 99

② Samples
1.2001
P30010



UNIVERSITY OF MYSORE

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

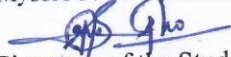
Vijnana Bhavana, Hunsur Road
Manasagangotri, Mysore-570 006

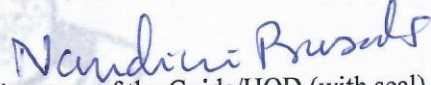
Requisition Form for Instrumentation Facility

Student Name: SAJNA NIZAR Supervisor's Name: Dr. NANDINI P. SHETTY
Student Designation: RESEARCH SCHOLAR (JRF)
Department: PLANT CELL BIOTECHNOLOGY DEPARTMENT
Tel/Mobile no: 8606438475 Email: Sajnanizar19@gmail.com
Address: CSIR- CENTRAL FOOD TECHNOLOGICAL RESEARCH INSTITUTE,
MYSORE
Specification: Identification of Polyphenols
Required Date and Time of Usage: _____
Instrument to be Used: HR-MS/MS
Number of Samples: 1
Type of Sample: Methanolic extract of purple yam tuber
Special Requirements (if any): Storage of sample in -20C.

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)

PLANT CELL BIOTECHNOLOGY DEPT.
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MYSORE - 570 013