

CENTRAL INSTRUMENTATION AND RESEARCH FACILITY INSTITUTION OF EXCELLENCE

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

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	SEM/STEM
Students Name: Mo	onica P ; Ritesh Ranjar	Supervisor Name: Dr.	Mukesh Kapoor
Student Designation:	SRF		
Department: Departn	nent of microbiology a	nd fermentation technol	ogy
Tel/Mobile no: 89034	417098 Email: monica	npremkumar@gmail.com	n
Category: University	of Mysore Othe	r University/Institution[✓ Industry□
Address: Departme	ent of Microbiology an	d Fermentation technolo	ogy, CSIR-CFTRI,
Mysuru 570020			
Specification: ma	gnifications: 500x, 10	00x, $5000x$, $100x$	
Required Date and Tir	me of Usage:30.01.20	23	
Number of Samples:	5		
Type of Sample: pow	der	4	
Special Requirements	(if any):		
Imaging Facility IOE Uni	iversity of Mysore, Manasas	_Signature of Gu देज सूक्ष्मजैविकी	a will be acknowledged and

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