

93-Feb-65

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: SWATHI MUTHYAL Supervisor's Name: M. SARAVANAN, STO (I)

Student Designation: DISSERTATION

Department: FMBCT

Tel/Mobile no: 9449606858 Email: sarav12285@gmail.com

Address: FMBCT ~~AND~~ CSIR-CFTRI MYSORE.

Specification: XRD-6, SEM-4

Required Date and Time of Usage:

Instrument to be Used: XRD AND SEM

Number of Samples: XRD-6, SEM-4

Type of Sample: Wheat flour & Product (soft material)

Special Requirements (if any): XRD upto 80°, SEM - Various Magnifications

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
Swathi

M. Saravanan

Signature of the Guide/HOD (with seal)
M. Saravanan 3/2/2023

Stamp: Manasagangotri, Mysore
Phone: 706 21 3011, 3012 / C. F. T. R. I.
MYSORE-570 020