

23-MAR-100



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: Swraj P ..... Supervisor's Name: Raghuvaran S. Matche

Student Designation: Project Associate .....

Department: Food Packaging Technology Department .....

Tel/Mobile no: 8129981432 ..... Email: swajppera10m@gmail.com .....

Address: Food Packaging Technology Department, .....

CSIR-CFTRI, Mysore, 570020 .....

Specification: SEM analysis + magnification - 250 - 500 KM .....

Required Date and Time of Usage: .....

Instrument to be Used: BET - Isotherm, SEM analysis .....

Number of Samples: 2 .....

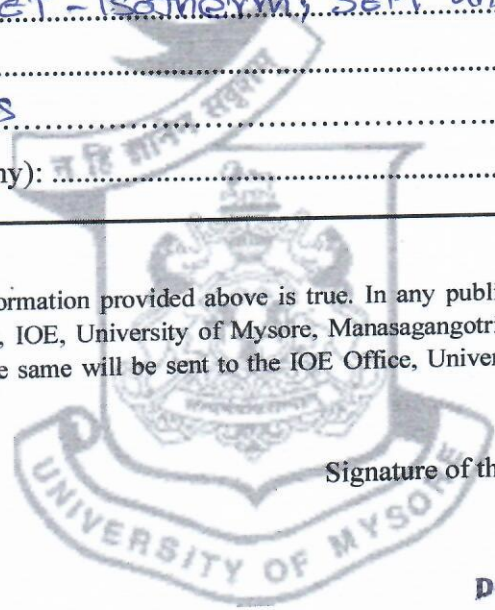
Type of Sample: solids .....

Special Requirements (if any): .....

**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.

Swraj P  
Signature of the Student



[Signature]  
Signature of the Guide/HOD (with seal)

**R.S. MATCHE**  
Head and Chief Scientist  
Dept. of Food Packaging Technology  
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