

22-Nov-2025

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UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE

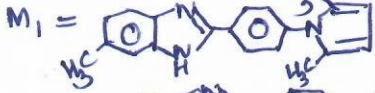


Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition for LCMS Analysis

| Sample Submitted by | | Details of the Guide | |
|---------------------|---------------------------------|----------------------|---------------------------------|
| Name | : Soumya. N. Irappa Navar | Name | : Dr. Channabasappa - Hallikeri |
| Department | : Pharmaceutical chemistry | Department | : Pharmaceutical chemistry |
| Contact No. | : 9481256625 | Contact No. | : 9482126859 |
| Email ID | : soumyairapannavar17@gmail.com | Email ID | : hallikerics@rediffmail.com |

Category : University of Mysore Other University/Institution Industry

Sample Information

| | | |
|----------------|---------------------|--|
| Submitted Date | : 03-11-2022 | <p>Structure/Molecular formula/Molecular weight</p> <p>M₁ = </p> <p>M₂ = </p> <p>M₃ = </p> |
| Sample Name | : | |
| Sample ID | : M1, M2, M3 | |
| Solubility | : CHCl ₃ | |
| No. of samples | : 3 | |

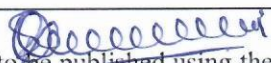

Type of Analysis

LCMS MADLI APGC Other: _____

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, LCMS 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



Dr. C.S. HALLIKERI
Assistant Professor
PRINCIPAL INVESTIGATOR
S.E.T.S. College of Pharmacy
Signature of the Guide (With seal)


Signature of the Instrument in-charge