

03-Feb-55



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: Sowmyashree, S. H. Supervisor's Name: Dr. Shivaprasad  
Student Designation: Msc Chemistry  
Department: Science  
Tel/Mobile no: 7353484709 Email: sowmyashrees.h@gmail.com  
Address: Amrita School of Arts and Science  
Mysuru Campus  
Specification: Ba. H. D  
Required Date and Time of Usage: 8/8/2003, 30min (1hr)  
Instrument to be Used: Xrd  
Number of Samples: 1  
Type of Sample: Powder sample  
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.

Signature of the Student

Signature of the Guide/HOD (with seal)

