

23 - Mar - 21



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: Shivaprasad G.D. Supervisor's Name: R. Jayas  
Student Designation: M. Pharm (Industrial Pharmacy)  
Department: I.P.  
Tel/Mobile no: 7337861117 Email: SP345065@gmail.com  
Address: JSS College of Pharmacy, Mysore.

Specification: -

Required Date and Time of Usage: -

Instrument to be Used: FTIR & DSC.

Number of Samples: 3

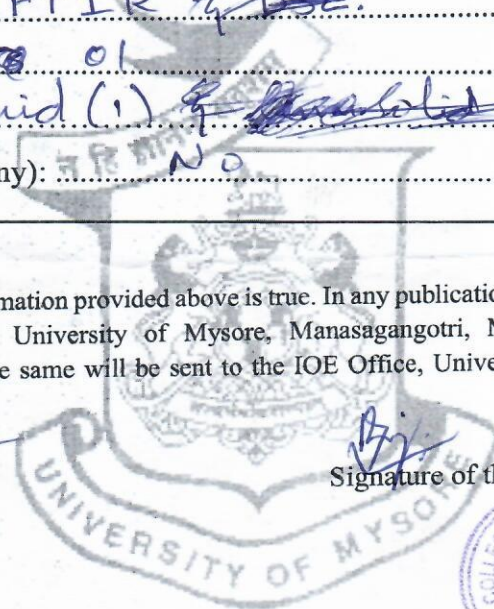
Type of Sample: Liquid (1) & ~~Solid (2)~~

Special Requirements (if any): No

**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.

Shiva  
Signature of the Student



Bij  
Signature of the Guide/HOD (with seal)

