

23-Feb-2016



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: Kshama Giree Supervisor's Name: Dr. Amit B. Patil

Student Designation: M. Pharm

Department: Industrial Pharmacy

Tel/Mobile no: 9140768663 Email: gureekshma@gmail.com

Address: JSS College of Pharmacy, Mysuru

Specification:

Required Date and Time of Usage:

Instrument to be Used: XRD

Number of Samples: 1

Type of Sample: Liquid

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.

Kshama Giree
Signature of the Student

Dr. Amit B. Patil
Signature of the Guide/HOD (with seal)

