



**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: Praveen Halagali Supervisor's Name: preethi: S  
 Student Designation: .....  
 Department: Industrial pharmacy  
 Tel/Mobile no: 7411758889 Email: praveenhalagali@gmail.com  
 Address: Rauvumantap B layout Mysore  
 .....  
 Specification: .....  
 Required Date and Time of Usage: .....  
 Instrument to be Used: XRD  
 Number of Samples: 1  
 Type of Sample: Solid sample  
 Special Requirements (if any): न हि माया संशय

**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.

Halagali  
 Signature of the Student

Preethi  
 Signature of the Guide/HOD (with seal)

