

23-Feb-2023



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: BHAGYASHREE BEHERA Supervisor's Name: DR. B.M. GURUPADAYYA

Student Designation: M. PHARMACY

Department: PHARMACEUTICAL ANALYSIS

Tel/Mobile no: 8010366908 Email: bhagyashreebehera3214@gmail.com

Address: JSS College of Pharmacy, Mysuru

Specification: -

Required Date and Time of Usage: -

Instrument to be Used: XRD and SEM

Number of Samples: 1+1 - (2)

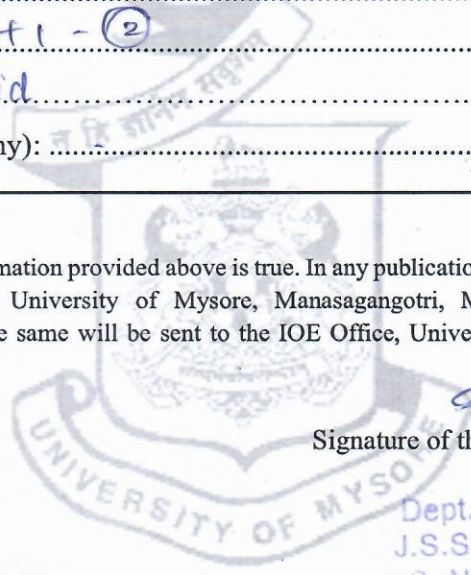
Type of Sample: Solid

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.

Bhagyashree
Signature of the Student



g. s. n. 4/2/23
Signature of the Guide/HOD (with seal)
HEAD
Dept. of Pharm. Chemistry
J.S.S. College of Pharmacy
J.S.S. Nagara, Mysore-570 006