



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: KISHEN KARUMBAN B.J. Supervisor's Name: Dr. NITHUR. K.S
 Student Designation: ASSISTANT PROFESSOR
 Department: MECHANICAL ENGINEERING
 Tel/Mobile no: 9449179597 Email: mail to kishen@gmail.com
 Address: COORP INSTITUTE OF TECHNOLOGY
PONNAMPET - 591216
 Specification: Request for XRD testing
 Required Date and Time of Usage: _____
 Instrument to be Used: Powder - X Ray Diffraction
 Number of Samples: 01 # 06- of Same Samples
 Type of Sample: Polyethylene
 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.

Signature of the Student

Signature of the Guide/HOD (with seal)
 Head of the Department
 Mechanical Engg.
 IOE INSTITUTE OF TECHNOLOGY
 MYSORE

