

23-Mar-19

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UNIVERSITY OF MYSORE  
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY  
INSTITUTION OF EXCELLENCE

Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

CONFOCAL	LIVE CELL IMAGING	FLUORESCENCE	SEM/STEM
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Student Name: Neha Bhasagi Supervisor Name: Dr. Bhuskar Kurangi

Student Designation: M Pharm

Department: Pharmaceutics

Tel/Mobile no: 9307031586 Email: nehubhasagi12@gmail.com

Category: University of Mysore  Other University/Institution  Industry

Address: KLE's Dr. Prabhakar kore hospital  
Campus, Nehru nagar belagavi - 590010

Specification: .....

Required Date and Time of Usage: .....

Number of Samples: 1

Type of Sample: solid lipid nanoparticle (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, Imaging 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 Student

Bhasagi



Signature of Guide/HOD (With seal)

BSE