

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: Mr. Swapnil Patil Supervisor Name: Dr. Bhaskar Kurangji
 Student Designation: M. Pharm
 Department: Pharmaceutics
 Tel/Mobile no: 9353182982 Email: swapnilpatil.mpharm@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: Liposome (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

Swapnil Patil



Signature of Guide/HOD (With seal)

[Signature]