

23-Nov-148



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 Kurangi.

Student Designation: M. Pharm.....

Department: Pharmaceutics.....

Tel/Mobile no: 9353182982.....Email: swapnil.patil.m.pharm@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: ethosome (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



Signature of Guide/HOD (With seal)