

23-MAR-146



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: Jyothi, S.L. Supervisor's Name: Dr. H.V. Gangadharappa
 Student Designation: Ph.D. Research Scholar
 Department: Pharmaceutics
 Tel/Mobile no: 9663033656 Email: jyothi.sana1320@gmail.com
 Address: JSS college of pharmacy, Mysuru

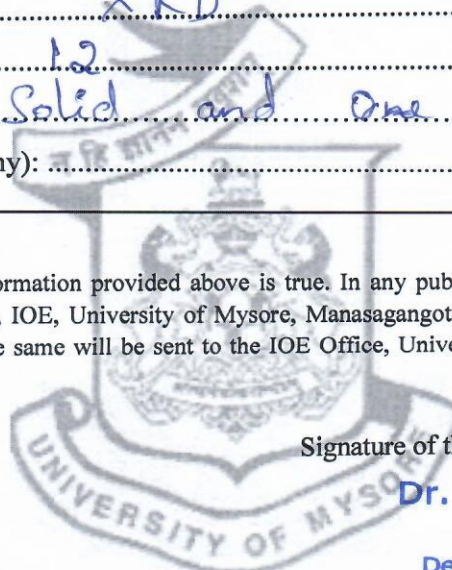
 Specification:
 Required Date and Time of Usage: 24.03.2023
 Instrument to be Used: XRD
 Number of Samples: 12
 Type of Sample: Solid and one liquid
 Special Requirements (if any):

Declaration:

I agree that all the information provided above is true. In any publication to be published using the results, 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.

Jyothi, S.L.
Signature of the Student

Dr. H.V. Gangadharappa
Signature of the Guide/HOD (with seal)



Dr. H.V. Gangadharappa
M.Pharm, Ph.D
Associate Professor
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JSS College of Pharmacy
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