

23-Feb-66

XRD



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: KOMAL I. SAVADATTI Supervisor's Name: Dr. H.V. GANGADHARAPPA

Student Designation: M. Pharm

Department: Pharmaceutics

Tel/Mobile no: 7019606145 Email: komalisavadatti@gmail.com

Address:

Specification:

Required Date and Time of Usage:

Instrument to be Used: XRD

Number of Samples: 4

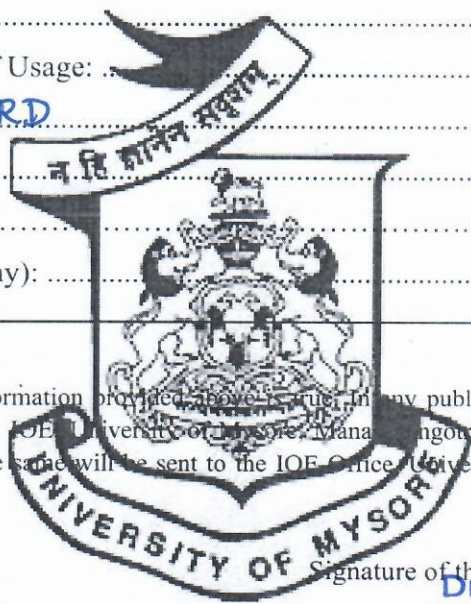
Type of Sample:

Special Requirements (if any):

Declaration:

I agree that all the information provided above is true. If 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.

Komal I Savadatti
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
Department of Pharmaceutics
JSS College of Pharmacy
S.S. Nagar, Mysuru - 570 015