

03-Feb-17



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: Soumili Mallick Supervisor's Name:

Student Designation: M.Pharm

Department: Pharmaceutics

Tel/Mobile no: 8884830019 Email: Soumili, 1998.16@gmail.com

Address: JSS College of Pharmacy, Mysuru

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Specification:

Required Date and Time of Usage:

Instrument to be Used: SEM, XRD

Number of Samples: 8 . 1

Type of Sample: POWDER SAMPLE

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.

Signature of the Student

Soumili

Signature of the Guide/HOD (with seal)

BSC

Dr. BALAMURALIDHARA V.
M.Pharm., Ph.D.

Associate Professor & HOD
Department of Pharmaceutics
JSS College of Pharmacy
S.S.Nagar, MYSURU-570015

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