



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: Meghana Supervisor's Name: Dr. Shivaprasad K
 Student Designation: M.Sc. Chemistry
 Department: Physical Sciences
 Tel/Mobile no: 9740520156 Email: Sanjaymajani05@gmail.com
 Address: Amrita Vishwa Vidyapeetham,
Mysuru Campus.
 Specification:
 Required Date and Time of Usage: 45 mins / sample.
 Instrument to be Used: PXRD
 Number of Samples: 07 [Dy1, Dy2, Dy3, Dy4, Dy5, Dy10, BHO]
 Type of Sample: Powder
 Special Requirements (if any): Slow scan of 45 min/sample (please)

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.

Meghana
 Signature of the Student

[Signature]
 Signature of the Guide/HOD (with seal)

