

23-Feb-78



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

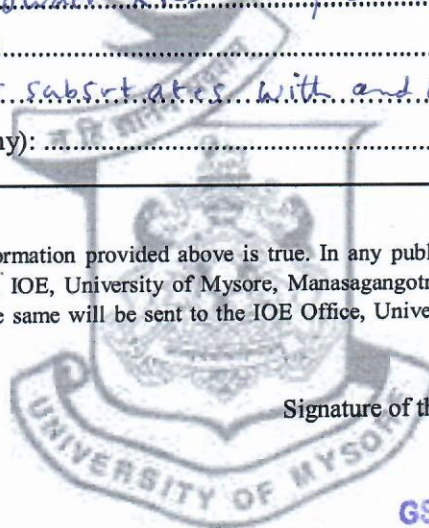
Student Name: Supervisor's Name: Dr. VINAY VENUGOPAL
Student Designation:
Department: PHYSICS
Tel/Mobile no: 9663112999 Email: vinayv@gsssietw.edu.in
Address: Professor & Head, Department of Physics, GSSSIETW,
K.R.S. Road, Metagalli, Mysuru - 570016
Specification: 0-20 scans
Required Date and Time of Usage:
Instrument to be Used: Powder XRD, 0-20 scans
Number of Samples: 4
Type of Sample: Glass substrates with and without SiO₂ coating
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

Signature of the Guide/HOD (with seal)



22/02/2023
Professor & Head
Department of Physics
GSSSIETW, Mysuru, India - 570016