



UNIVERSITY OF MYSORE
CENTRAL INSTRUMENTATION AND RESEARCH FACILITY
INSTITUTION OF EXCELLENCE
 Vijnana Bhavan, Hunsur Road, Manasagangotri, Mysore-570 006

Requisition Form for Imaging Facility

POLARIZING & STEREOZOOM

Student Name:Supervisor Name:

Student Designation:

Department:

Tel/Mobile no:Email:

Category: University of Mysore Other University/Institution Industry

Address:

Specification:

Required Date and Time of Usage:

Number of Samples:

Type of 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, Imaging 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 Student

Signature of Guide/HOD (With seal)

For Office Use Only

Journal/Challan No:

Amount in Rs:

Date of Receipt:

Name of the Bank and Address:

Allotted Date and Time..... Duration.....

Analyzed by

Principal Scientist