


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

Requisition Form for

RT-PCR

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, RT-PCR 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**.....

Analyzer

Principal Scientist