

LIQUID NITROGEN REQUEST FORM
DST-PURSE Laboratory, Mangalore University

Name of applicant:

Name of the Supervisor:

Name of the institution:

Address:

Tel. no.:

E-mail:

Billing address (for Non-Mangalore University customer):

Amount of Liquid Nitrogen required in litres: _____

Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMMEE, Mangalore University, Mangalagangothri- 574199.
2. For each publication shall carry the following acknowledgement: "This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangothri". In addition, if we receive help from instrument incharge, the same will be acknowledged suitably, either in the acknowledgement or as a co-author.

Signature (**Candidate**)

Signature and Seal (**Supervisor**)

Signature and seal
(**Chairman/ Head of the
department**)

FOR OFFICE USE ONLY

Accepted date	Operator	Payment details	Comments

Signature and Seal (**Scientific Officer**)