DBT-MSUB ANALYTICAL TEST FACILITY SCHOOL OF BIOSCIENCES MAHATMA GANDHI UNIVERSITY, KOTTAYAM

Sample submission form for Inverted Fluorescence Microscope

| Name of the student : | |
|-----------------------------------------------------------------------|--------------------------|
| Name of the Supervisor : | |
| Mailing Address: | |
| Phone: | |
| Email: | |
| Sample details: | |
| Any other information: | |
| Declaration | |
| DBT-MSUB will be duly acknowledged in the publications containing the | |
| results obtained using the test facilities | |
| | |
| | |
| Signature of the supervisor | Signature of the student |
| Name: | |
| Institution/ Department: | |
| | |
| Date: | |