LOGIC ANALYZER REQUEST FORM

DST-PURSE Laboratory, Mangalore University

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Incompletely filled sections may result in sample rejection!

Contact Details:

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Name of Supervisor & Designation: _____

Department & Organization: _____

Tel. no.: _____   email: _____

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Number of Experiments (Circuits) & any other details: _____

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Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangotri- 574199.

2. Each publication shall carry the following acknowledgement: "This Work   (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangotri". In addition, if we receive help for analysis data from instrument incharge, the same will be acknowledged suitably, either in the form of acknowledgement or by providing co-authorship.

Signature (Candidate)   *Signature and Seal (Supervisor)*   *Signature and Seal (Chairman/ Head of the Department)*

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Signature (Scientific Officer)

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(Coordinator)

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