

**REQUISITION FORM (FOR OTHER INSTITUTIONS)
NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
CENTRAL INSTRUMENTATION FACILITY**

U S E R	DATE OF INDENT..... INDENT NO..... (FOR CIF USE)
	NAME OF INDENTOR:
	ADDRESS, CONTACT NO. /EMAIL ID:.....
D A T A	DEPARTMENT/FACULTY CONCERNED:
	DESIGNATION: FACULTY <input type="checkbox"/> STUDENT <input type="checkbox"/> PROJECT STAFF <input type="checkbox"/> (Please ✓ in Box)
S A M P L E	INSTRUMENT TO BE USED: (Please ✓ in Box) LabChip GX <input type="checkbox"/> ChemiDoc MP <input type="checkbox"/> FOSS-NIRS DS 2500 Analyzer <input type="checkbox"/> Typhoon 9210 Phosphor Imaging <input type="checkbox"/> POLAR star Omega Multi Mode plate reader/Spectrophotometer <input type="checkbox"/> NUMBER OF SAMPLE/EXPERIMENT (SPECIFY) <input type="text"/>
D A T A	SPECIFICATION/METHOD/PROTOCOL: (Please attached if any)
A U T H O R I Z E D	(I/We take the responsibility to pay user charges) (INDENTOR SIGNATURE) (FACULTY/AUTHORIZED SIGNATORY) USER CHARGES & MODE OF PAYMENT: DEPOSIT AMOUNT.....DATE.....DETAIL.....
	TECHNICAL STAFF (CIF IN-CHARGE)

FOR CIF USE ONLY

	TENTATIVE DATE/APPOINTMENT:
	DATE OF WORK DONE:
	INDENT NO. NO.OF SAMPLES/EXPERIMENT DONE: (TECHNICAL STAFF)

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by CIF equipments. I/We shall give due acknowledgement of CIF NIPGR in published journals and also inform CIF about the publications which acknowledges the use of CIF facilities. CIF shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at CIF.