

REQUISITION FORM
NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
-CENTRAL INSTRUMENTATION FACILITY-
(GENE GUN)

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DATE OF INDENT.....
INDENT NO.....

NAME OF INDENTOR:

CONTACT NO:

**D
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LAB NO. /DEPARTMENT:

DESIGNATION: FACULTY STUDENT PROJECT STAFF (Please ✓ in Box)

SCIENTIST CONCERNED:

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L
E**

INSTRUMENT TO BE USED: (Please ✓ in Box)

PDS 1000 GENE GUN

HELIOS GENE GUN

NUMBER OF SAMPLES

SPECIFICATION/PROTOCOL: (Please ✓ in Box)

PROTOCOL ATTACHED IF ANY

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(INDENTOR SIGNATURE)

(FACULTY SIGNATURE)

TECHNICAL STAFF

(CIF IN-CHARGE)

FOR CIF USE ONLY

TENTATIVE DATE/APPOINTMENT:

DATE OF WORK DONE:

INDENT NO.

NO.OF SAMPLES DONE:

(TECHNICAL STAFF)