

REQUISITION FORM
NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
-CENTRAL INSTRUMENTATION FACILITY-
(ADVANCE MICROSCOPY DIVISION)

U S E R	DATE OF INDENT..... INDENT NO.....
	NAME OF INDENTOR:
	CONTACT NO:
D A T A	LAB NO. /DEPARTMENT:
	DESIGNATION: FACULTY <input type="checkbox"/> STUDENT <input type="checkbox"/> PROJECT STAFF <input type="checkbox"/> (Please ✓ in Box)
	SCIENTIST CONCERNED:

S A M P L E	INSTRUMENT TO BE USED: (Please ✓ in Box) SCANNING ELECTRON MICROSCOPE <input type="checkbox"/> LASER CAPTURE MICRODISSECTION <input type="checkbox"/> LIVE CELL IMAGING FIXED STAGE MOTORIZED MICROSCOPE AXIO Z1 <input type="checkbox"/> NUMBER OF SAMPLES <input type="text"/> MAGNIFICATION IF ANY <input type="text"/> SPECIFICATION/PROTOCOL: HIGH VACUUM <input type="checkbox"/> LOW VACUUM <input type="checkbox"/> COATING NEED <input type="checkbox"/> COOL STAGE <input type="checkbox"/> PROTOCOL ATTACHED <input type="checkbox"/> SLIDE: CHARGED <input type="checkbox"/> MEMBRANE <input type="checkbox"/>
--	--

A U T H O R I Z A T I O N	(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)

--	--