**National Institute of Plant Genome Research, New Delhi**

**INDENT FOR METABOLOMICS FACILITY (EXTERNAL USERS)**

Name of the Indenter: Date of Indent:

Concerned Faculty/Scientist:

Department/ Institute & Address:

Email ID and Contact No:

Equipment to be used:

Service code (in price list):

Nature of Analysis:

Number of Samples:

Sample Storage and Solvent Used:

GSTIN No.

**(I/ We take responsibility to pay user charges as per norms of facility/institute)**

(Signature of the Indenter) (Scientist/Faculty with Stamp)

User charges & mode of payment:

Deposit amount (including GST)…………………… Date……………. Transaction Detail……………………….

 (FOR FACILITY USE ONLY)

Quotation No./ PO No. :

Tentative Date of Result :

Date of work done :

Number of samples done:

Report generated on :

(**Technical Staff**) (**Facility In-charge**)

**Payment verification**

Amount Received…………………….. Date……………….. Mode……………………………..

(**Finance Assistant**) (**Finance officer**)

*External Users have to make advance payment for sample run. 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 Facility’s equipments. I/We shall give due acknowledgement of Metabolomics Facility, NIPGR and DBT grant (no. BT/INF/22/SP28268/2018) in publications and also inform the facility about the publications which acknowledges the use of facilities. Metabolomics Facility shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at this facility*.