

REQUISITION FORM
NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
-CENTRAL INSTRUMENTATION FACILITY-
(INSTRUMENT AFTER OFFICE HOURS PERMISSION)

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

NAME OF INDENTOR:
CONTACT NO:

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LAB NO. /DEPARTMENT:
DESIGNATION: FACULTY STUDENT PROJECT STAFF (Please ✓ in Box)
SCIENTIST CONCERNED:

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INSTRUMENT TO BE USED:
DATE:
I TAKE RESPONSIBILITY OF THE INSTRUMENT AND LAB.USER KNOWS THE OPERATING METHOD OF INSTRUMENT.

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(INDENTOR SIGNATURE) (FACULTY SIGNATURE)

TECHNICAL STAFF (CIF IN-CHARGE)

FOR CIF USE ONLY

INSTRUMENT PERMISSION ON DATE AND TIME:
INSTRUMENT RETURNED ON DATE AND TIME:
RECEIVED/HANDOVER (TECHNICAL STAFF)