

Advanced Technology Platform Centre
Regional Centre for Biotechnology, Faridabad

NCR Biotech Science Cluster, 3rd Milestone, Faridabad-Gurgaon Expressway,
P.O Box-3, Faridabad-121001, Haryana, India

Requisition Form for Sorvall Lynx 6000 Centrifuge Phone: 0129-2848626

	For Office Use Only	
Lab code	MR code	
Remarks		
	NamePrincipal Investigator	
Contact No	ontact No Email ID	
Name of Institute/Industry		
Postal Address		
	GST No	
Fee Remittance Details	Additional Information	
II	MPORTANT INSTRUCTIONS	
Person-in-charge.	stream experiments, in order to get good quality data and for better trou-	
•	Whether GMO (Yes/No)	
2. Centrifugation Conditions:		
i) Rpm ii) T	emperatureiii) Time	
3. Rotor: a) F12-6x500 LEX b) F9-6x1	1000 LE	
4. Duration of booking:		
5 Additional Specifications (If any):		

	PA	AYMENT DETAILS	
	(Payment to	be done in advance through NEFT)	
Bank account inform	ation for funds transfer:		
Account Name	Executive Director, Regional Centre for Biotechnology (ATPC)		
Account No.	349301000047		
Bank Name	Bank Name ICICI BANK, Faridabad Branch, THSTI Building		
IFSC Code:	ICIC0003493		
MICR Code	110229278		
GST No.: 06AAAAR	9016J1ZG		
Total Amount Paid_	Transaction Reference No		
Date of Transaction_	Paymer	nt Receipt Required in Favor of	
Name and Signature	of the Payer		
		UNDERTAKING	
samples towards my/ou ATPC will not be held	or personal safety and safety l responsible for loss/dama	nple preparation guidelines and take all the precautions during study of the operator and equipment. I/We submit the sample in good faith and ge due to reason(s) beyond its control. I/We shall duly acknowledge that of the results from the studies at ATPC, thereafter in journals or else	
Statement for Acknowl	edgement-		
Technology Platform C	Centre (ATPC) which is man	Protein Purification and Molecular Interactions Facility of the Advanced naged by the Regional Centre for Biotechnology (RCB), and is funded by MED-II/ATPC/BSC/01/2010)."	
Date			
Signature of User		Signature of PI/Person-In-Charge	
	FOR OFFIC	CE USE ONLY (ATPC FACILITY)	
Date Received		Stored at	

Signature of Approving Authority_ FOR OFFICE USE ONLY (ACCOUNTS) Amount Received_ Name and Signature of person-in-charge, Accounts_