

Requisition Form for Transmission Electron Microscopy
 Phone : 0129-2848621

For Office Use Only

Lab code _____ MR code _____
 Remarks _____

User Name _____ **Principal Investigator** _____

Contact No. _____ **Email ID** _____

Name of Institute/Industry _____

Postal Address _____

Purchase Order No. _____ **GST No.** _____

Fee Remittance Details _____ **Additional Information** _____

IMPORTANT INSTRUCTIONS

1. It is advised to follow SOPs for the upstream experiments in order to get good quality data and for better troubleshooting, if required.
2. EM grade chemicals should be used for processing of sample.
3. Prepare the samples in clean and dust-free environment.

TECHNICAL INFORMATION

1. Sample information:

A. Type and Nature of sample (metallic/ polymeric/ biological/ others):

B. Name of the fixative and stains used (if any):

C. Number of samples:

D. Expected morphology or size:

2. Services requested:

A. Negative staining () B. Glow discharge () C. Number of grids required:

D. TEM imaging hours requested:

Imaging slots: i) 10:00 am to 11:00 am () ii) 11:00 am to 12:00 pm ()

iii) 12:00 pm to 01:00 pm () iv) 02:00 pm to 03:00 pm ()

v) 03:00 pm to 04:00 pm () vi) 04:00 pm to 05:00 pm ()

TEM imaging hours utilized (if exceeds the requested time) :

3. Aim and experiment detail /Additional information:

Payment Details

(Payment to be done in advance through NEFT)

Bank account information for funds transfer:

Account Name Executive Director, Regional Centre for Biotechnology (ATPC)
Account No. 349301000047
Bank Name ICICI BANK, Faridabad Branch, THSTI Building
IFSC Code: ICIC0003493
MICR Code 110229278

GST No.: 06AAAAR9016J1ZG

Total Amount Paid _____ **Transaction Reference No.** _____

Date of Transaction _____ **Payment Receipt Required in Favor of** _____

Name and Signature of the Payer _____

UNDERTAKING

I/We undertake to abide by the safety rules, sample preparation guidelines and take all the precautions during study of samples towards my/our personal safety and safety of the operator and equipment. I/We submit the sample in good faith and ATPC will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall duly acknowledge the ATPC in all the publications/patents emerging out of the results from the studies at ATPC, thereafter in journals or elsewhere.

Statement for Acknowledgement–

“This research work was carried out in part at the **Electron Microscopy Facility** of the Advanced Technology Platform Centre (ATPC) which is managed by the Regional Centre for Biotechnology (RCB), and is funded by the Department of Biotechnology (Grant No. BT.MED-II/ATPC/BSC/01/2010).”

Date

Signature of User

Signature of PI/Person-In-Charge

FOR OFFICE USE ONLY (ATPC FACILITY)

Date Received _____	Stored at _____
Received by _____	Signature _____
Signature of Approving Authority _____	

FOR OFFICE USE ONLY (ACCOUNTS)

Amount Received _____
Name and Signature of person-in-charge, Accounts _____