

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 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. Sample information:

Nature of sample:

Name of the fixative used (if any):

Number of samples:

Expected morphology or size:

3. Services requested: Negative staining ()

TEM imaging ()

4. Number of grids required :

5. 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 _____