



सीएसआईआर-भारतीय रासायनिक जीवविज्ञान संगस्थान  
**CSIR-INDIAN INSTITUTE OF CHEMICAL BIOLOGY**  
4, राजा एस.सी. मल्लिक रोड, जादवपुर  
**4, RAJA S.C. MULLICK ROAD, JADAVPUR**  
कोलकाता-700032/ **KOLKATA-700032**



केंद्रीय उपकरण सुविधा/Central Instrumentation Facility

### Applicant details

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department/Institution: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project No: \_\_\_\_\_

**Instrument Facility requested:** \_\_\_\_\_

### Sample details

Number of Samples: \_\_\_\_\_

Sample Type: \_\_\_\_\_

Special Requirements/Method Details: \_\_\_\_\_

(For extra information, Please attach separate sheets)

### Declaration

I certify that the information provided is correct and that the samples submitted comply with the safety requirements of the facility.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Internal use only

TFM/ CIF Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Payment details: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Operator in-charge

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Please email this form to the Test Facility Manager: [tfm.cif.iicb@csir.res.in](mailto:tfm.cif.iicb@csir.res.in)