



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: _____

For Internal use only

TFM/ CIF Approval: _____ Date: _____

Payment details: _____ Date: _____

Signature of Operator in-charge

Please email this form to the Test Facility Manager: sutapagangulysg@gmail.com