

**Culture Request Form**

Format No- ICMR/NRAMRB/FM- /Ver. 1.0

**Details of the requesting scientist (Permanent faculty)**

Name:

Designation:

Department:

Institute:

Address:

Mobile:

Email:

**Isolate details**

<b>Details of the strains requested</b>	<b>Number of strains requested</b>	<b>Purpose</b>
1.		
2.		
3.		
4.		
5.		

Signature and official seal of the scientist

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**“For Use at NRAMRB”**

Authorized Signatory

Signature &amp; Comment of Director

**IMPORTANT NOTE:**

Communication will be done at nramrb2021@gmail.com.