

MATERIAL TRANSFER AGREEMENT

Provider:

NRAMRB Laboratory, ICMR-National Institute for Research in Bacterial Infections (ICMR-NIRBI)

Recipient:

1. Provider agrees to transfer to Recipient Investigator the following Research Material:

2. THIS RESEARCH MATERIAL MAY NOT BE USED IN HUMAN SUBJECTS. The Research Material will only be used for research purposes by Recipient Investigator in his/her laboratory, for the research project described below, under suitable containment conditions. **This Research Material will not be used for commercial purposes such as screening, production or sale.**

3. Recipient Investigator should declare the type of research/investigation to be carried out using the material (use an attachment page if necessary).

4. In all oral presentations or written publications concerning the Research Project, Recipient will acknowledge the NRAMRB facility (National Repository of Antimicrobial Resistant Bacteria) at ICMR-NIRBI for this Research Material unless requested otherwise.

5. This Research Material represents a significant investment on the part of Provider and is considered proprietary to Provider. Recipient Investigator therefore agrees to retain control over this Research Material and further agrees not to transfer the Research Material to other people not under her or his direct supervision without advance written approval of Provider.

6. No patent/intellectual property issues shall be filed on any product or process so developed with this biomaterial without the written consent of the Provider.

7. The present MTA shall remain in force for the duration of the research proposal and cannot be transferred/assigned to any other Scientists or Institutions.

8. The undersigned Provider and Recipient expressly certify and affirm that the contents of any statements made herein are truthful and accurate.

9. This MTA shall be construed in consent with Indian Council of Medical Research (ICMR).

10. Any additional terms (use an attachment page if necessary):

AGREEMENT SIGNATURES

FOR RECIPIENT:

Recipient Investigator

Duly Authorized

Signature with stamp, Date

Signature with stamp, Date

Printed Name and Title

Printed Name and Title of the Director

Mailing Address for Materials:

Mailing Address:

Tel: _____

Tel: _____

Email ID: _____

Email ID: _____

FOR PROVIDER:

Provider Investigator

Duly Authorized

Signature with stamp, Date

Signature with stamp, Date

Printed Name and Title

Printed Name and Title of the Director

Tel: _____

Email ID: _____

Mailing Address for Notices:

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