## Indent for Metabolomics Facility

**Internal Users**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Equipment to be used and type of analysis</th>
<th>Service code (in price list)</th>
<th>Rate</th>
<th>Quantity</th>
<th>Amount</th>
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**User Name:** ……………………………………

**Email:** ……………………………………………………

**Nature of Analysis:** ………………………………

**Sample storage and solvent used**……………………

**Head of expenditure NIPGR / Project**…………………………………………. **Total**………………………………

1. I/We undertake to abide by the safety and sample preparation guidelines and precautions
2. Metabolome Facility, NIPGR shall not take responsibility on the analysis, interpretation and publication of data
3. I/We shall give due acknowledgement to Metabolome Facility, NIPGR and DBT grant (no. BT/INF/22/SP28268/2018) in publications
4. Certified that funds are available under the concerned head.

**Indentor**

(Name, Signature)

**Indenting PI**

(Name, Signature)

**Metabolomics Facility PI**

(Name, Signature)

**Total Rupees**………………………………………………………………..

**VAT / Excise Duty (approx.) Rs**………………………………………………

**Total Expenditure**…………………………………………………………… **Payment terms**…………………………

**Recommendation of the Standing Purchase Committee**

- Dr. Alok Krishna Sinha
  - Chairman
- Dr. Saloni Mathur
  - Member
- Dr. Jyothilakshmi Vadassery
  - Member
- Rakesh Mohan
  - Member
- Rajinder Raina
  - Member

**Recommendation of the Standing Purchase Committee is submitted for approval.**