# REQUISITION FORM
**NATIONAL INSTITUTE OF PLANT GENOME RESEARCH**
- CENTRAL INSTRUMENTATION FACILITY -
  (LABCHIP GX-High Throughput Electrophoresis System)

## USER DATA
- DATE OF-indent............
- INDENT NO........

- NAME OF-indentOR:
- CONTACT NO:
- LAB NO. /DEPARTMENT:

- DESIGNATION: FACULTY[ ] STUDENT[ ] PROJECT STAFF[ ] (Please√ in Box)
- SCIENTIST CONCERNED:

## REQUEST
- INSTRUMENT TO BE USED: (Please√ in Box)
  - Labchip GX-caliper

- DATE:
- I TAKE RESPONSIBILITY OF THE INSTRUMENT AND LAB.
- Consumable provided by (Please√ in Box)
  - CIF [ ] User Lab

## AUTHORIZATION
- (INDENTOR SIGNATURE)
- (FACULTY SIGNATURE)

- TECHNICAL STAFF (CIF IN-CHARGE)

## FOR CIF USE ONLY
- INSTRUMENT ISSUED ON DATE AND TIME:
- INSTRUMENT RETURNED ON DATE AND TIME:
- RECEIVED/HANDOVER (TECHNICAL STAFF)