

National Institute of Plant Genome Research, New Delhi

INDENT FOR METABOLOMICS FACILITY (EXTERNAL USERS)

Name of the Indentor:

Date of Indent:

Concerned Faculty/Scientist:

Department/ Institute & Address:

Email ID and Contact No:

Equipments to be used:

Service code (in price list):

Nature of Analysis:

Number of Samples:

Sample Storage and Solvent Used:

(I/ We take responsibility to pay user charges as per norms of facility/institute)

(Signature of the Indentor)

(Scientist/Faculty with Stamp)

User charges & mode of payment:

Deposit amount (including GST)..... Date..... Detail.....

(FOR FACILITY USE ONLY)

Indent No. :

Tentative Date :

Date of work done :

Number of samples done:

Report generated on :

(Technical Staff)

(Facility In-charge)

Payment verification

Amount Received..... Date..... Mode.....

(Finance Assistant)

(Finance officer)

I/We undertake to abide by the safety and sample preparation guidelines and precautions during testing of my samples. I/We shall not claim for any damage/harm to my samples submitted for the analysis by Facility's equipments. I/We shall give due acknowledgement of Metabolomics Facility, NIPGR and DBT grant (no. BT/INF/22/SP28268/2018) in publications and also inform the facility about the publications which acknowledges the use of facilities. Metabolomics Facility shall not take any responsibility about the analysis, interpretation and publication of data acquired using equipments at this facility.