

# BRIC-National Institute of Plant Genome Research (NIPGR), New Delhi

## Indent for Metabolomics Facility (External User)

Name of the Indenter:

Date of Indent:

Concerned Faculty/Scientist:

Department/ Institute & Address:

Email ID and Contact No:

Equipment to be used:

Service code (in price list):

Nature of Analysis:

Number of Samples:

Sample Storage and Solvent Used:

GSTIN No.

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

(Signature of the Indenter)

(Scientist/Faculty with Stamp)

User charges & mode of payment:

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

Detail.....

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(FOR FACILITY USE ONLY)

Quotation No./ PO No. :

Tentative Date of Result :

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)**

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*External Users have to make advance payment for sample run. 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*