



Culture Request Form

Format No- ICMR/NRAMRB/FM- /Ver. 1.0

PRN-

Details of the requesting scientist

Name:

Designation:

Department:

Institute:

Address:

Mobile:

Email:

Isolate details

Details of the strains requested	Number of strains requested	Purpose
1.		
2.		
3.		
4.		
5.		

Signature of the scientist

“For Use at NRAMRB”

Authorized Signatory

Signature & Comment of PI

IMPORTANT NOTE:

Communication related to PRN (Processing Reference Number) will be done at nramrb2021@gmail.com.