

**Culture Request Form**

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

**Details of the requesting scientist (Permanent faculty)**

Name:

Designation:

Department:

Institute:

Address:

Mobile:

Email:

The previous receipts with date (if any):

<b>Name of the strains</b>	<b>Number of strains</b>	<b>NRAMRB IDs</b>	<b>Purpose</b>
1.			
2.			
3.			
4.			
5.			

Signature and official seal of the scientist

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“For Use at NRAMRB”

Authorized Signatory

Signature & Comment of Director

**IMPORTANT NOTE:**

Communication will be done at [nramrb2021@gmail.com](mailto:nramrb2021@gmail.com).