

Date _____

Software dongle needs to be issued from concerned Technical person separately after making entry into the register.

Name and designation _____

User Category (Tick) (a) RCB _____ (b) Other Govt. Institutions (name) _____

Lab/ Dept (for RCB users) _____

Address (for non-RCB users) _____

Tel /Mobile no. _____ Email _____

Mode of Instrument handling i) Operator Assisted () ii) Independent ()

Sample information

Type of sample: 1) Fixed Cell () 2) Other ()

Please name the antifade reagent used: _____

Fluorochrome(s): _____

Objective lens (dry or oil) [e.g. 63X (oil)]: _____

Type of experiments: Co-localization () FRET () FRAP () Other ()

Please explain if "other":

Date and Time of usage: _____

Number of samples: _____

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith. While due care will be taken in sample handling (for operator assisted/ handled samples), the CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of User _____

Signature of PI with Date _____

Signature (Scientist –In-Charge/Approving Authority) Signature of CIF Technical Assistant

Date of completion of experiment and remark if any:

NB: The data can be collected in CD/DVD only. No USB (Pen drive/Hard disk) will be allowed.