National Centre for Cell Science

Bio-Imaging Facility

Requisition form for external users

Date of Indent_____

Name of the Indentor :

Concerned Faculty/Scientist :

Laboratory Address :

Contact no. :

E-mail ID :

Proposed date and time :

Specification: Protocol :
(Excitation, Emission, & Dye)

Sample details :
(Species, Tissue type & Thickness)

(Signature of the Indentor)
Date:

(PI/HoD of the Indentor)
Date:

(For facility use only)

Tentative Date :

Date of work done :

No. of Slide done :

Microscope Used : Leica TCS SP5 / Zeiss LSM 880/TF CX7 LZR/ Olympus FV3000
Olympus Spin SR10/ Nikon SIM/ Leica STED/ Olympus Multiphoton

Amount to be charged :

(Technical Staff)

(Facility In-charge)

Due acknowledgement to be given to Bio-Imaging Facility, NCCS, in the research publication emerging out of the work carried out at this facility.

Contact us @ 020-25708265 /8260 or bioimaging@nccs.res.in