

Service Request for Deposit of Production Strains

For NCCS Use Only

This is a fillable PDF file. You can type information directly into this file.

IMPORTANT:

1. A certificate from the Institutional Biosafety Committee (IBSC), duly constituted and recognized by the DBT, must accompany the deposit, clearly authorizing the recombinant DNA work on the submitted strain.
2. Depositors are advised to obtain approval from the National Biodiversity Authority (NBA) for strains of Indian origin, in accordance with the Biological Diversity Act, 2002 and its 2023 amendments for commercialisation of the strain. A copy of the approval letter indicating the type of approval should be attached for reference. Visit www.nbaindia.org for more details. BRIC-NCCS may not be able to proceed with the deposition of your strain without the requisite approvals.
3. Kindly read all guidelines carefully before submitting your samples. For any assistance, you may contact us at +91-20-25708051 (10:00 AM to 5:00 PM IST). Email the completed form to the Coordinator at bioE3src@nccs.res.in

Details of the Microorganism

Culture Type:	Bacteria	Archaea	Yeast	Higher Fungi
Taxonomic Designation: Genus:		Species:		
Strain Designation:		Source of Isolation:		
Location of Source of Isolation:	Village/ Town:	GPS Location:		
	District:	State:	Country:	
Foreign Organism:	Chromosomally Integrated	Episomal		
Is this strain pathogenic?	Yes	No	Do Not Know.	If Yes, is it to Humans
				Plants
				Animals
Hazard Group:	Group 1	Group 2	Do Not Know. See IBSC and LPSN websites for more information.	
Potential Risk:	Pathogenic	Tumorigenic	Toxigenic	Allergic
				No Potential Risk
Explain Potential Risk:				

Receipt & Access of the Organism

Did you receive this strain from other investigator/organization?	Yes	No	
If yes, please mention name and organisation:			
Is this strain available in any other culture collection?	Yes	No	Do Not Know
If Yes, Please mention Accession Number(s):			

Growth Parameters and Media

Media Name:	Manufacturer & Cat. No.		
Optimum Growth Parameters: pH:	Temperature (°C):	Incubation Period:	
Oxygen Requirement:	Aerobic	Anaerobic	Microaerophilic
Please provide a separate sheet detailing the composition of custom-made growth media, special growth requirements, and any specific culture handling guidelines, if any.			

Identification and Omics Data

16S rRNA gene/ ITS region/ LSU Sequencing Data (**Mandatory**). Accession No:

Genome Sequence Data (**Mandatory**). Accession No:

Please attach a separate sheet detailing morphological, biochemical, chemotaxonomic, and other relevant characteristics. If available, provide transcriptomic and metabolomic data along with the corresponding experimental conditions related to this strain.

Has this strain or its derivatives been demonstrated for scale-up?

Yes No Under Evaluation

If yes, please attach a separate sheet detailing the scale-up protocol.

Is this Organism Genetically Modified? Yes No

Details of the Host Organism

Name: _____ Strain Designation: _____

Hazard Group: Group 1 Group 2 Do Not Know. See [IBSC](#) and [LPSN](#) websites for more information.

Genetic Markers (e. g. Antibiotic resistance, Auxotrophy etc.): _____

Details of the Donor Organism

Please attach separate sheet if multiple donor organism.

Name: _____ Strain Designation: _____

Hazard Group: Group 1 Group 2 Do Not Know. See [IBSC](#) and [LPSN](#) websites for more information.

Description of the Cloned Fragment: _____

Name of the Donor Cloned Nucleic Acid: _____ Size of the Cloned DNA (bp): _____

Sequence Information: Yes No. GenBank Accession Number, if submitted: _____

Please email the soft copies of the .ab1 chromatogram files and the corresponding contiguous sequence in FASTA format to the assigned section in-charge, as mentioned in the acknowledgement email.

Restriction Enzyme(s) used to yield cloned fragment: _____

Details of the Vector

Designation: _____ Derivative of: _____

Host Specificity: _____ Resistance Markers: _____

Size of the Plasmid (bp), With Insert: _____ Without Insert: _____

Promoters: _____ Conjugate/ Mobilizable plasmid: Yes No

Please attach a separate sheet with additional details of the vector, including its complete map, sequence information (in GenBank/ IBDC or FASTA format or Accession numbers) , cloning and restriction sites, origin of replication, selection markers, and any other functional elements (e.g., promoters, regulatory elements, tags).

Confirmation of the Genetically Modified Microorganism / Recombinant DNA

Please attach any available information such as the sequence of the construct, restriction map, and details of the vector. Also provide the positive control DNA (including plasmid), if applicable.

Recommended Method (PCR or Any Other): _____

Details of Other Method: _____

PCR Cycling Parameters: _____

Primer Details: Name Sequence (5'→ 3') Length

Details of the Genetic Engineer:

Engineered/ Modified/ Developed by: _____ Same as Depositor

Address: _____

Supplemental Information

Recommendation for long term storage:

Other than in liquid nitrogen, -80°C and
by lyophilisation (Freeze drying)

Special Usage/ Application/ Features:

Reference(s) with DOI:

Details of the Depositor

Name of Depositor:

Designation:

Postal Address:

Email Address:

Contact Number:

Date of Dispatch:

I authorize BRIC-NCCS, Pune to accession and deposit the strain. I understand that handling of this strain will be governed by the terms outlined in the separately signed agreement.

I hereby declare that the submission of this genetically modified strain is in full compliance with the applicable national regulations, including the Biological Diversity Act, 2002 (as amended in 2023) and the guidelines prescribed by the Institutional Biosafety Committee (IBSC) under the Department of Biotechnology (DBT), Government of India.

I confirm that, Approval from the NBA has been obtained for this strain, which is of Indian origin, and a copy of the approval is enclosed with this submission.

I confirm that, the recombinant DNA work associated with this strain has been reviewed and approved by a duly constituted and DBT-recognized IBSC, and a copy of the IBSC certificate authorizing the work is attached.

I understand that NCCS reserves the right to reject the deposit if these approvals are not submitted or found non-compliant with applicable regulations.

Seal of the Institute

Date & Signature of Depositor/ Authorised Signatory

For BRIC NCCS Use Only

Date received:

Ack. sent on:

by:

Sub-cultured On:

Viable/Non-Viable:

Pure/ Mixed:

Sent for authentication on:

Completed on:

Checked by:

Preserved in LN2 on:

In -80°C on:

by:

Storage ID, LN2:

Storage ID, -80°C:

Well No:

Accession Number:

Communicated to Depositor On:

Database entry made on:

by:

Remarks, if any: