

SL.No:

Date:

BOSE INSTITUTE

CENTRAL INSTRUMENT FACILITY

National Facility for Genomics & Proteomics (IRHPA - DST)

DNA Sequencer

Name of the User:.....

Department/Institute/Lab:.....

Mailing address/ Cont. No:.....

Referred by(Guide/In Charge):.....

No. of Sample.....

Type of Sample(V): Plasmid.....

Qty. of RR Mix:.....

Qty. of 5x Buffer:.....

Qty. of Hi-Di Formamide :.....

Booking Date:..... Time:.....

Signature of User.....

This is to certify that the User has gone through the Sequencing protocol supplied by CIF and he/she has been trained in DNA Sequencing.

Signature of Guide:

Signature of Technician in Charge:.....

Final Permission of Scientist in Charge(IRHPA):.....

RR Mix supplied so far to the user from 1st April 2011:.....