

INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE  
JADAVPUR, KOLKATA – 700 032

Requisition form for CRYO-TEM CSS Facility

User (Faculty) :

Date and Time :

Department/School, Institution :

Contact detail ( Mobile, email, Phone) :  
[ including Person to be present during experiment ]

Specimen Details (Only for aqueous solution/medium):  
(One Specimen per Requisition, 1.0 mL disposable syringe and blank grids are to be provided by the users)

Charges as applicable :

User's Signature

In -Charge  
CRYO-TEM CSS Facility

Operator's Remark:

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