

TICEL BIO PARK LIMITED

BTCIF EQUIPMENT

BOOKING FORM

1 NAME OF THE COMPANY / CLIENT AND :
ADDRESS

2 NAME & DETAILS OF THE CONTACT :
PERSON (Address, Mobile & E-mail)

3 NAME OF PERSON(S) USING THE :
EQUIPMENT
(List to be approved by TICEL for entering BTCIF
with ID)

4 NAME OF THE EQUIPMENT :

5 PERIOD OF USAGE (DAYS) :

6 DETAILS ON PROPOSED ACTIVITIES :

7 DETAILS ON BIOLOGICAL CULTURE :
(BIOSAFETY LEVEL CATEGORY) / MEDIA /
BUFFERS / REAGENTS / KITS ETC.

8 DISPOSAL METHOD OF SAMPLES / :
CULTURES

9 ADVANCE PAID (RS.)

I agree to leave the equipment in clean and sterile condition (if applicable) for the next client to be allotted by TICEL.

I agree to pay the expenses to rectify any damage caused to the above equipment during usage / mishandling to be identified by the equipment supplier, to TICEL.

SIGNATURE OF CONTACT / AUTHORISED PERSON