



TICEL

## **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. EQUIPMENT USAGE ON NIGHT TIME (YES / NO) :  
(Special Charges may be applicable)
7. DETAILS ON PROPOSED ACTIVITIES :
8. INFECTIOUS / NON INFECTIUOS :
9. DETAILS ON BIOLOGICAL CULTURE :  
(BIOSAFETY LEVEL) / MEDIA / BUFFERS / REAGENTS / KITS ETC.
10. DISPOSAL METHOD OF SAMPLES / CULTURES :
12. ADVANCE PAID (RS.) :

Consumables and chemicals/ reagents have to be sourced by the clients.

Special charges may apply for use of certain equipment at night time.

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