## Prime Laboratory Animal breeding station and Research Centre Laboratory Animals Request/ Reservation Form

Name of the Investigator

Design	ation		:						
Depart	ment		:						
Institution Name			:						
Postal	Address		:						
Phone	/Mobile		:						
Email I	D		:						
CCSEA Approval Number :									
SI. No	Species	Strain	No of Animals		Age or Body	Date	IAEC	Whether copy of IAEC	
			required				protocol	approval	
			Male	Female	weight	Required	Number* (MANDATORY)	enclosed? (MANDATORY)	
								,	
Payment details:									
DD No:for RupeesDrawn bank									
(OR) Internet Banking (NEFT/RTGS) transaction IDTransaction date									
Signature of Project Investigator						Signature of HOD/ Institution			
/Guide Date:				With official seal Date:					
Place:			Place:						
				For Offic	e Use Only				
Form received on:						Application No:			
Breeding required:					Animals Issued on:				
Species:		Male: Fen			aale: Total:				
Paymo	nt details:								
Payment details:  Entered in P.Noof stock register									
Vehicle No: Signature and Date:								e:	
						`	-		