



INDIAN INSTITUTE OF TECHNOLOGY, MADRAS
DEPARTMENT OF BIOTECHNOLOGY

RADIATION FACILITY REQUISITION FORM

To be filled by the Research Scholar:

1	Name of the Researcher:	
2	Name of the group & Institute/Industry:	
3	Address of the Institution/Industry:	
4	Number of samples to be irradiated:	
5	Nature of Sample:	
6	Dosage:	
7	Date of Submission:	
8	DD Number & Date:	

Sample Type:

- Tubes T25 Flask 35mm Dish 60mm Dish 100mm Dish
- Mice Others If others, specify _____

Note: Canister size is 12 cm (dia) X 17.9 cm (ht).

Signature

To be filled by Technician:

1	Date of irradiation:	
2	Dosage given:	
3	In time:	
4	Out time:	

Signature
(Coordinator)

Signature
(RSO)

Signature
(Technician)