



**A Don Bosco Institution (Estd. 1934)**

Re-Accredited Grade "B++"

College with Potential for Excellence (awarded by UGC)

Affiliated to NEHU (A Central University)

UGC Recognised & AICTE Approved

**ST ANTHONY'S COLLEGE**

**SHILLONG 793 001**

**MEGHALAYA - INDIA**

Phones: (0364) 2222558 2223558

Fax: 2229558

E-mail: principal@anthonys.ac.in

website: www.anthonys.ac.in

**DST-FIST (SR/FST/COLLEGE-/2020/1000)**

**REQUISITION FORM**

**Date of Request:** \_\_\_\_\_

**Requestor Details:**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Institution/Department:** \_\_\_\_\_

**Address of Institution:** \_\_\_\_\_

**Instrument Details**

Instrument Name	Purpose of Use	Date Required	Duration of Use
Upright Led Fluorescence microscope			
CO <sub>2</sub> incubator			
Inverted Microscope			
Thermal cycler			
High Speed Centrifuge			
ELISA Reader			
UV-Vis Spectrophotometer			
UV Trans illuminator			

**Additional Requirements:**

(If any accessories and/or special setup is needed)

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**Declaration:**

I hereby confirm that I will follow the standard operating procedures (SOPs) and all the terms and conditions. I will also take responsibility for any damage caused due to negligence.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Terms and Conditions:**

1. Fill out this form completely and submit it to the DST-FIST Coordinator / Department Head at least **2 days** before use.
  2. Approval must be obtained before using the instrument(s).
  3. Any damage or malfunction must be reported immediately to the DST-FIST Coordinator.
  4. As per the guidelines of the Department of Science and Technology (DST), in all publications of research work, wherein the analytical services have been made use of, **the DST-FIST (SR/FST/COLLEGE-/2020/1000) shall be duly acknowledged**. Kindly send the publication references (Journal name/volume number/names of the authors/date of issue of the publication etc) to us. If acknowledgement is done in MSc /MPhil/Project dissertation, please send us a copy of the title page and acknowledgment page.
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**Approval Section (For Lab Supervisor/Authority Use Only)**

**Approved / Not Approved:** \_\_\_\_\_

**Remarks (if any):** \_\_\_\_\_

**Laboratory In-Charge:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Details:**

Principal

Contact No. 0364-2222558

E-mail: [principal@anthonys.ac.in](mailto:principal@anthonys.ac.in)

Laboratory In-Charge

Contact No. 9383284190

E-mail: [judith221@anthony's.ac.in](mailto:judith221@anthony's.ac.in)