

REGIONAL CENTRE FOR BIOTECHNOLOGY
NCR Biotech Science Cluster
3rd Milestone, Faridabad-Gurgaon Expressway
Faridabad - 121 001 (Haryana)

CENTRAL INSTRUMENTATION FACILITY
Dynamic Light Scattering (DLS)

Date _____

Name _____

Designation _____

Lab/ Dept _____

Address _____

Tel/Mobile no _____ Email _____

User Category (Tick) (a) RCB _____ (b) Other Govt. Institutions _____

Mode of Instrument handling i) Operator Assisted () ii) Independent ()

Sample information

Date of usage: _____

Type of samples: _____

Number of samples: _____

Protein sample name _____

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of User

Signature of PI with Date

Signature of CIF Technical Assistant

Signature (Scientist –In-Charge/Approving Authority)

Date of completion of experiment:

Remarks if any:

NB: The data can be collected in CD/DVD only. No USB (Pen drive/Hard disk) will be allowed.