



# Culture Acquisition Form

First Fungal Culture Bank of Pakistan (FCBP)  
Department of Plant Pathology  
Faculty of Agricultural Sciences (IAGS)  
University of the Punjab, Lahore, Pakistan



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

Researcher Name: \_\_\_\_\_ Status/session: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone/ Mobile: \_\_\_\_\_

Institute/ Dept: \_\_\_\_\_

Research title: \_\_\_\_\_

Culture Deposited: Fungus  Bacteria

Name of Culture

Accession number

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

More: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_ Supervisor \_\_\_\_\_

Signature with official stamp

Recommendation of the Director/HOD: \_\_\_\_\_

Signature with official stamp

**(FOR FCBP USE ONLY)**

Permission of Director IAGS: \_\_\_\_\_ In-charge FCBP: \_\_\_\_\_

Official recommendation by In-charge FCBP: \_\_\_\_\_

Remarks of R.O. /R.S.: \_\_\_\_\_

Charges @ Rs 1000/- per culture

## Terms and conditions

- I. Microbes will be used for scientific purposes only.
- II. Cultures will be provided a week after the receipt of duly completed form.
- III. The incomplete acquisition form will not be entertained.
- IV. Culture acquisition charges of (Rs. 1000/- @ per culture) at the time of request submission.
- V. FCBP is responsible for viability and purity of cultures at the time of delivery. The problem taking places thereafter are not in the preview of FCBP.
- VI. Further exchange and distribution of FCBP cultures are restricted within Pakistan.
- VII. FCBP cultures are patented under specific accession numbers and ignorance in term of acknowledging and quoting the number is liable to face litigation charges.
- VIII. Keeping in view the daily engagements of FCBP staff, 4-5 cultures may be provided at a time. Subsequent requests, if there are any, would be entertained after a period of 10 days.
- IX. The identified strains of FCBP will not be published in the form of any kind of publication with prior permission of FCBP.
- X. The researcher must agree the above terms and conditions by signing this form.

Signatures

Researcher/student: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Signature with official stamp

DPP