



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



Date: _____

Researcher Name: _____ Status/session: _____

E-mail: _____ Phone/ Mobile: _____

Institute/ Dept: _____

Research title: _____

Culture Deposited for: Fungus Bacteria

Number of Samples deposited: _____

Nature of Samples deposited: _____

Signature of researcher: _____ Supervisor _____

Signature with official stamp

Recommendation of the Director/HOD: _____

Signature with official stamp

(FOR FCBP USE ONLY)

DPP

Permission of Chairperson DPP: _____ In-charge FCBP: _____

Official recommendation by In-charge FCBP: _____

Remarks of R.O. /R.S.: _____

Charges @ Rs 2000/- per sample

Website: <http://pu.edu.pk/home/subdepartment/67015>
Tel: +92-42-99231846

Email: fcbp.iags@pu.edu.pk
Fax: +92-42-99231187

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Terms and conditions

- I. The incomplete request form will not be entertained.
- II. Sample processing charges of (Rs.2000/-@ per culture) will be applied at the time of sample deposit.
- III. Isolates will be preserved with Acc. Number in FCBP to maintain the record for future queries.
- IV. Further exchange and distribution of FCBP cultures are restricted within Pakistan.
- V. Keeping in view the daily engagements of FCBP staff, 4-5 cultures may be served at a time.
Subsequent requests, if there are any, would be entertained after a period of 10 days.
- VI. The researcher must agree the above terms and conditions by signing this form.

Signatures

Researcher/student: _____ Supervisor: _____

Signature with official stamp

DPP