Job Order for Confocal Laser Scanning Microscope (CLSM)

(Contact the instrument In-charge by e-mail: necbh.clsm880@gmail.com in advance)

North East Centre for Biological Sciences and Healthcare Engineering (NECBH) IIT Guwahati

 Date:

Name of Applicant: Email ID:

Name of Supervisor: Contact No.:

Department/Centre:

Name of Institute and address:

Description of the sample

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.no.  | Sample Code  | Type of sample (e.g., Bacteria, Cell, Chemical compound, Crystalline material)  | Required Objectives  | DIC Image Required (Yes/No)  | Fluorochrome (eg., Alexa Fluor 488)  | Excitation wavelength (nm)  | Emission wavelength (nm)  | Filter set (eg., FITC, DAPI)  |
|   |   |   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

# Terms and Conditions

\*Applicant should obey the general rules and regulations of NECBH (visit http://www.iitg.ac.in/necbh/ for rules and regulation) and incomplete job order will not be accepted.

\*Applicant must be present 5 minute before the scheduled time, if they want to be present physically.

\*Applicant must produce their I-card during sample booking and data collection. In case the applicant is absent, the alternate person should submit a forwarded letter from their respective supervisor/PI to perform the same.

\*Applicant has to look in the email, time to time for updates. For any clarification, applicant should contact the In-charge.

\* Applicable sample charges shall be paid in favour of “IIT Guwahati, II&SI DBT AC 39377583642” in the form of DD and submitted along with the sample.

1. I/We shall obey the above mentioned terms and conditions.
2. I/Weshall acknowledge North East Centre for Biological Sciences and Healthcare Engineering (NECBH), IIT Guwahati and Department of Biotechnology (DBT), Govt. of India with project no. BT/NER/143/SP44675/2023 for the Confocal Laser Scanning Microscope (CLSM) facility in the conference/Journal Publications/BTP/MTP/PhD. Thesis etc.

 Signature of Applicant Signature of Supervisor/Faculty

For office use only

Job Order No.(Sl. No. of Analysis): Date of analysis:

Remark of In-charge (Job completed/not completed):

\*Reason for non-completion of job:

Signature of In-charge