For office use only	Date/
RF No	



CSIR-NATIONAL BOTANICAL RESEARCH INSTITUTE Plant Diversity, Systematics and Herbarium Division CSIR-NBRI Herbarium (LWG)



Request Form for Herbarium consultation

Name:	Designation:
Affiliation:	
Corresponding Address:	
	PIN:State:
E-mail ID:	Contact number
	be referred (in case of more specimens, a separate list may be attached):
1.	
2.	
3.	
Date of visit: From	
	DECLARATION
Ţ	, having received the permission from CSIR-National Botanical Research
	to visit Herbarium, hereby agree that:
	w 'Do's and Don'ts in the LWG herbarium.
	y part of the herbarium samples (leaf, flower, floral parts, fruit, seed etc.) without the
permission from the	
•	photographs without proper permission. vledge "The Director, CSIR-National Botanical Research Institute" in all the publications
resulting from the	data accessed from LWG Herbarium. I also agree to provide a copy of the eventual published
article to CSIR-NI	ole for the all the loss and damage, if any caused by me during my visit

Signature of the applicant with Date

Permission granted by

Director
CSIR-National Botanical Research Institute
Lucknow – 226001, Uttar Pradesh, India
E-mail: director.nbri@csir.res.in