

For office use only

RF No.....

Date...../...../.....



**CSIR-NATIONAL BOTANICAL RESEARCH INSTITUTE
LUCKNOW, UTTAR PRADESH
CSIR-NBRI HERBARIUM (LWG)**



Requisition Form

(For identification and authentication of Plants, Algae and Lichens)

Name of Applicant: Designation:

Institution / Organization / University / College :

E-mail: Contact Number:

Postal Address:

.....

.....PIN:.....State:.....

GSTIN (in case of institutions):

Sample name / Sample code:.....

Specimen Details*

(Tick the appropriate box)

Angiosperm Gymnosperm Pteridophyte Bryophyte Algae Lichen

Flowering Twig Fruiting Twig Fruit Seed Cones Fertile

No. of Specimens: Habit: Herb / Shrub / Tree

Habitat..... Locality:

Nature of specimen: Wild / Cultivated / Culture (Micro Algae) Date of Collection:/...../.....

Date:/...../.....

Signature

Details for RTGS/NEFT Payment or DD (in favour of The Director, National Botanical Research Institute)

Account Name : National Botanical Research Institute	Account No: 30267652846	IFSC Code: SBIN0010173	Bank Name : State Bank of India
Branch Name: NBRI, Lucknow	Branch address: Rana Pratap Marg, Lucknow- 226001	MICR No.: 226002051	GST Certificate No: 09AAATC2716R6Z8

For Official Use (Transaction Details)

Amount Paid:.....Mode of Payment:.....Bank.....

Payment Details (RTGS/NEFT Payment or DD)Date/...../.....

**The applicant must strictly follow the Instructions for identification or authentication of specimens*