



LAB ANIMAL REQUISITION FORM

- User
1. ICAR-NIANP/ other ICAR Institutes
2. Govt. organisations
3. Private organisations
4. Industry

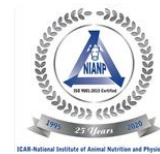
CCSEA approval No. of facility of Indenter : ----- (Enclose the copy)

IAEC approved protocol No. : ----- (Enclose the copy)

Particulars of Animals Requested (To be filled by Users)			
Species and strain			
Age / Body weight Range (g)/(kg)			
Total No. of Animals required	Males:	Females:	Total:
Required date			
Requested By (User details)	Name & Designation:	Mail ID:	
	Department:	Contact Number:	
Principal Investigator	Name:	Mail ID:	
	Sign & Date:	Contact Number:	

DETAILS REQUIRED FROM INDENTER FOR ISSUING PROFORMA INVOICE

Particulars needed (To be filled by Users)	
Customer Name	
Customer Reference No/ PO Reference	
Customer GSTIN	
Billing address /	
Email ID	



Particulars of Animals Supplied (To be filled by Veterinarian In-charge)

Date of supply			
Total No. of Animals supplied:	Males:	Females:	Total:
Age / Body weight Range (g)/(kg)			
Allotted Room No.			
Signature & Date			
Animal Health Declaration:			
Veterinarian/ In-charge (Name, Signature & Date)			

Particulars of Receipt (To be filled by user on receipt of animals)

Date of Receipt			
Total No. Animals received	Males:	Females:	Total:
Name, Designation, Sign & Date	Remarks (if any):		

Note: Users may request a copy of this form after receipt of the animals.