



# TRANSMISSION ELECTRON MICROSCOPY FACILITY (TEMF)

Advance Center for Plant Virology (ACPV)

Division of Plant Pathology

ICAR-Indian Agricultural Research Institute, New Delhi - 110 012

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**(Read the instructions provided in page no. 2 before filling the Job Card)**

<b>Applicant Details</b> (of PI/Guide /Chairperson)	<b>Name, Designation</b>				
	<b>Address</b>				
	<b>Phone Number &amp; Email ID</b>				
<b>Billing Head / Service Category</b> (Please tick the relevant category)					
<b>Category-I</b> (Internal: <i>Division of Plant Pathology, IARI</i> )	[ ]	<b>Category-II</b> ( <i>Other Divisions of IARI / SAUs / Universities/ other Govt. dept.</i> )	[ ]	<b>Category-III</b> (Pvt. Industries)	[ ]
If Internal, mention title of the project & In-house/External:					

**PAYMENT DETAILS:** Rs..... Payment in the form of (Cheque/DD/online) .....

Cheque/DD/online UTR No. & date ..... Bank Name .....

Payment receipt in the name of..... Signature & Stamp.....

S.No.	Sample ID	Sample type*	Expected results	Remarks#	Results (Filled by TEMF office)

\* **Biotic** (Leaf, seed, stem, tuber, bark, root, bacteria, etc.); **Abiotic** (Solid/Liquid)

# Hazardous (H) / Non-hazardous (NH)

\*\*\*\*\* For TEMF Office Use only \*\*\*\*\*

Date of receipt..... Date of results ..... Register Page No..... Entry no.....

Comments.....

**Technical Officer**  
(TEM Facility)

**Scientist In-Charge**  
(TEM Facility)

**Note:** TEM only indicates the morphology of the specimen under study & does not establish its identity. Other diagnostic / analytical tests must be performed for further confirmation.

**Additional Sheet for more samples (Continue the numbers from previous list of page 1)**

S.No.	Sample ID	Sample type*	Expected results	Remarks#	Results (Filled by TEMF office)

**Instructions:**

- Applicant details must be authenticated by the PI of project / Chairperson or Guide of student only, but not by the students/SRF/RA, etc
- Send the **scanned soft (.pdf ) copy** of filled-in & duly signed Job Card to get the date & time slots for testing of your samples and can contact for any other related queries only to [tempathoiari@yahoo.com](mailto:tempathoiari@yahoo.com)
- Advance payment is must while submitting the samples
- For DD/Cheque payments, they should be drawn in the name of “Director IARI” payable at New Delhi.
- For online or e- payments, make the payments using the following details.

Account Holder’s Name	: Director, IARI, Pusa, New Delhi	Bank Name	: Canara Bank
Branch Name & Address	: IARI, Pusa, New Delhi - 110012	Account. Type	: Current Account
Account Number	: 9029 3050 0000 17	IFSC Code	: CNRB0019029
MICR Code	: 110025041		

- **Testing Charges:** Rs. 1500.00 + 18% GST per sample for ICAR/SAUs/Universities/other Govt. Departments.  
Rs. 2000.00 + 18% GST for the samples from Pvt./Commercial Organizations.
- **No cash payments are encouraged.**
- **Send the samples to:** The In-charge, Transmission Electron Microscopy Facility (TEMF), Division of Plant Pathology, ICAR-Indian Agricultural Research Institute, New Delhi - 110 012 (Along with the original Cheque/DD/online transaction receipt).