**(REQUISITION FORM FOR GAMMA IRRADIATION)**

**Date:**

|  |  |
| --- | --- |
| **Name of the Division** |  |
| **Name of the P.I. or Scientist** |  |
| **Designation** |  |
| **Cell Phone Number** |  |
| **E-mail** |  |
| **Program Area** |  |
| **Name of the Crop/Line/Embryo/Others**  **(to be irradiated)** |  |
| **Weight of the Sample** |  |
| **Required Dose ( in Gray)** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**P.I. or Scientist Head of the Division Director (Res.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director (T&P)**

**(Electronics Section Only)**

**Irradiation Number:**

**Sample Number:**

|  |  |
| --- | --- |
| **Date of Irradiation** |  |
| **Name of the Equipment** | **(a) Gamma Cell-220 (GC-220)**    **(b) Gamma Chamber-5000 (GC-5000)** |
| **CDR on the Date of Irradiation** |  |
| **Name of the Assign Person** |  |
| **Irradiation Time** |  |
| **Remarks** |  |

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned Person Checked by Head Electronics Section**