**(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**