



National Genomic Resources Repository

NBPGR, New Delhi

Submission Form: Data Sheet

No.	_____
Accession date:	_____
Date received :	_____

Genomic DNA	Section A
Cloned DNA/Library	Section B

Basic Information of the Depositor			
Name & Institution			
Address			
E-mail			
Phone		Mobile Phone	
Fax.			

Section A: Please fill if GENOMIC DNA is to be deposited

Name of the plant

Genus

species

common name

Family

TaxID

Genebank Accn. No.

DNA Extraction procedure

DNA dissolved in

Concentration (ng per microl)

Importance of the plant

Reasons for the choice of the variety/landrace/accession

Source of the biological material

Clear from MTA for plant material? Yes/No/Can't say

Any ITK

Any publications? (pl. attach a copy)

Also Supplied

Seeds

(If yes, Genebank Accn No. IC _____)

Herbarium specimen

Plant (Adult/seedling/potted/tissue culture)

Section B: Please fill if CLONED DNA/LIBRARY is to be deposited

Name of the plant

common name _____

Family _____

TaxID _____

Genebank Accn. No. _____

Importance of the plant

Reasons for the choice of the variety/landrace/accession _____

Source of the biological material _____

Clear from MTA for plant material? _____

Any ITK _____

Any publications? (pl. attach a copy) _____

MATERIAL

Name of clone _____

Type _____

Description _____

Keyword _____

References (please enclose reprint, if available.) _____

Genebank Accession No. _____

INSERTED DNA

Name of gene _____

Locus Symbol _____

Chromosome location _____

Organism _____

Description of insert DNA genomic/cDNA _____

Size range _____

Library, company _____

.....

VECTOR

Vector (company) _____
Size _____ bp
Classification plasmid/phage/Cosmid/others()
Cloning site _____
Genbank Accession No. _____
Genetic markers (Selection, reporter etc) _____
Host strain _____

GROWTH TEMPERATURE, MEDIUM AND ADDITIVES

Name of host _____
Expression _____

GM event check Done/not done

Results

Comments

1. I/We agree to all the terms and conditions mentioned in the MTA.
2. I am/We are aware that the all the terms and conditions also apply to all my/our partners, students, co-workers and I shall be responsible for the same.

Signature of the recipient/s

Date

Place

Signature of the authority

Date

Place

For the office use:

1. Submission accepted
2. List attached
3. User ID given

Yes/No

Yes/No

Signature of the Section In-charge

Signature of the Repository Authority