



CSIR-CIMAP HERBARIUM
(Herbarium Code - CIMAP)

Requisition Form

(For the purpose of identification and authentication of Plant specimens)

Name of the Applicant requesting Identification: _____

Designation: _____

Name of Institution / Organization / University / College: _____

Corresponding Address: _____

City: _____ State: _____ PIN: _____

E-mail address: _____ Contact number: _____

GSTIN Number (In case of Institution/Industry) _____

Mode of Payment (See overleaf): _____ (Demand Draft/Online) Amount Paid _____

Payment Details (RTGS/NEFT/Demand Draft No) _____ Date: ___/___/___

SPECIMEN DETAILS

Number of Specimens: _____

Collected in what locality/city/state: _____

GPS Co-ordinates: _____
(Latitude) (Longitude) (Altitude)

Acquired from: _____
(e.g. Wild or nursery, cultivated /forest/ growing in your office garden/landscape,)

Growing location: _____
(e.g. - along railway track, roadside or disturbed area, a weed found among other garden plants)

Exposure: _____
(e.g. - sun, shade, part sun/part shade, woods, slope, swamp, other)

Flower & Fruit description _____
(Flower color/time of year; fruit color, size, shape, time of year)

Estimate of Population size: _____
(No of individuals, one or two, <5, 5-10, 10-20, >100, >200)

Additional specimen information if known:

Scientific Name: _____ Common Name: _____

Additional Remarks: _____
(Medicinal Uses or properties, Aroma, taste, etc.)

PAYMENT MODES

Mention

Through DEMAND DRAFT

In favor of "Director, CSIR-CIMAP, Lucknow" payable at Lucknow

Please mention [Fee for authentication of Plant specimen] using pencil at the back of DD

Online transfer

Account No.: 30 26 76 91 78 3

Name of Account Holder: Director, CIMAP, Lucknow

Bank Address: State Bank of India, Main Branch, Hazaratganj,

Lucknow Branch code: 000125

IFSC code: SBIN0000125

MICR code: 226002002

SWIFT code: SBININBB157

GSTIN: 09AAATC2716R7Z7

Please mention [Fee for authentication of Plant specimen] in Remarks

**For Category III
Internal Specimens
(Herbarium Authentication Required by CIMAP Staff)**

The Director, CSIR-CIMAP, Lucknow is pleased to sanction an amount of Rs _____
(Rupees _____ in words)
towards authentication of _____ [number of] specimen(s).

The expenditure incurred may be debited from the B/H _____ [Name of Project].

Signature
Name of the Applicant
Designation:

Project Number: _____
Name of the PI: _____

Signature of Director/Project Leader _____
Dated: