Annexure 1

Mandatory disclosure for obtaining culture(s) from MCM, ARI, Pune

(on official letter head of the organization/individual)

Date:

To,
The Curator In-Charge
MACS Collection of Microorganisms (MCM)
Agharkar Research Institute (ARI)
Pune- 411004

I/We

1. Name(s): Mr./ Ms./ Dr. _____
2. Designation(s): _____
3. Affiliated to (Name of the organization): _____
4. Nationality of requester: Indian/ NRI/ Foreign
5. Category of organization of requester: Individual/ Academic Organization/ Start-up/ Not-for-profit organization/ For Profit company
6. Shareholding of company: 100% Indian participation/ Any foreign participation (even less than 1%)

(Tick (✓) appropriate option and cross (X) others)

request the following culture(s) from MCM:

Sr. No.	Name of the Culture	MCM Acc. No.	Detailed Purpose of Use[1]	Scale of Use[2]

[1] Purpose: Write the specific details of the intended use/application(s) (*Do not use generic terms like R&D, scientific work or similar, else request will be rejected*).

[2] Scale of intended use in- ml, L, Gram, Kg. (*For field applications, mention the size of the field(s), such as Acre, hectare and location with GPS coordinates*)

(insert additional rows if required)

I/We hereby further declare following:

( ) I/We, the requester, is/are an Indian national(s).

( ) I/We am/are an 100% Indian entity with not even 1 % foreign participation. Attached is the Certificate from Chartered Accountant or Company Secretary certifying the shareholding pattern of our company in the prescribed format.

( ) I/We am/are Indian/foreign entity with _____ % foreign participation. Attached is the Certificate from Chartered Accountant or Company Secretary certifying the shareholding pattern of our company in the prescribed format.

(Tick appropriate option)

I/We further agree with the following terms:

1. An in-house microbiology facility and trained microbiologist(s) is/are available for handling the requested culture(s).
2. The requested culture(s) will be used only for the purposes as stated in the table in this document.
3. The requested cultures will not be handed over to a third party (within and outside India), without obtaining prior written permission from MCM.

I/We testify that the information provided above is true to our knowledge. If any information is found to be false or if I/we violate any of the above terms or use the samples for any other purpose than stated above I/we will be liable for legal action by ARI.

Note: Only regular staff can request culture(s). No student, fellow or temporary staff should request culture(s).

_____	_____
*Authorized signatory (with seal and stamp)	Culture(s) requested by
Name: _____	Name: _____
Designation: _____	Designation: _____

**For Research Institutes, the authorized signatory is the Director; for Schools/ Colleges, it is the Principal/ Head of Department; and for Private organizations it is the CEO/ Chief Manager/ Equivalent.*