

Application for Accreditation of Laboratory Facilities for Virus Diagnosis and Genetic Fidelity Testing of Tissue Culture Plants

1. Applicant Entity (Institute/Organization)	
Name:	
Address:	
City:	
State:	
Tel/Fax/E-mail	
2. Laboratory-In charge Name:	
Position:	
Address:	
City	
State	Tel/Fax/ E-mail:
3. Scientific expertise available for	
Virus testing	
Genetic Fidelity Testing	
(please enclose detailed biodata)	
4. Particulars of Laboratory	
<ul style="list-style-type: none"> • University • National Laboratory • Others 	
5. Laboratory Information (Space/Facilities)-(please provide details)	
<p>- Laboratory & Glasshouse</p> <p style="padding-left: 20px;">- Equipment available</p> <p style="padding-left: 20px;">- Expertise / Staff</p>	

6. Test Methods developed and used at the laboratory	
<ul style="list-style-type: none"> • Diagnostic probes available (list the pathogen and diagnostic probe) • Molecular markers available for determining genetic purity of different plant species (list the species) 	
7. Is it Accredited under ISO:17025	Yes/No
(if yes give details)	
Details may be provided as per essential requirement criteria	

Signature of Technical Manager/Laboratory—In Charge

Signature (Authorized Entity Representative)

Head of the Institute

Public Sector, Govt. funded Institute/University having adequate capacities in both virology and molecular biology, which is not engaged in commercial tissue culture activity.