

Application Form: Cell Health Package
(10th July 2024)

VC/CHP/2024-25/

Date:

1.Applicant information

1.1	Applicant full name	
1.2	Name of company/Institute	
1.3	Affiliation/ profession	
1.4	Full postal address for correspondence	
1.5	Phone	
1.6	Email	

2.Application for discounts

2.1	I wish to apply for the following discounts:	
	Residents of dedicated lab spaces at Venture Center	
	Incubates of Venture Center's Lab2Mkt program and Proof-of-concept projects associated with Venture Center	
	CSIR-NCL scientists and students; Start-ups with substantial NCL related participation (know-how, staff, students, alumni)/ VC related participation (alumni)	
	Not-for-profit companies, Educational and research institutes; Social enterprises	
2.2	Please attach any attachments to support your claim for discounts (if required)	

3.Application for services (tick the required service type)

	Cell Health Package	
CHP-01	Cell cycle analysis	
CHP-02	Apoptosis detection	
CHP-03	ROS measurement	
CHP-04	Combined package of all three above	

4. Test material details

4.1	Number of test samples			
4.2	Test sample codes (Please write code as required in the report)			
	Test sample details (cells)			
	Medium in which cells are suspended			
	Concentration of cells per ml			
4.6	Special instructions for sample handling, and sample disposal (If any)			
4.7	Declared that the test material is	<input type="checkbox"/> Non Hazardous	<input type="checkbox"/> Non Radioactive	<input type="checkbox"/> Non Infectious

5. Payment Terms:

- All services are offered against advance payment in full. Service tax and other taxes applicable at the prevailing rate shall in addition to the above.
- Payment via a) Demand Draft, b) Cheque payable in Pune or at par or c) bank transfer are possible. All payments have to be made in the name of “**Entrepreneurship Development Center**”
- Booking once made shall not be transferrable or payment made thereof shall be non-refundable. On the occasional case where Venture Center is unable to carry out the experiment due to equipment failure or contamination or absence of staff, Venture Center shall inform the applicant immediately and refund the payments made to it.

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Cell Health package test service and accepts the same.

The undersigned authorized representative of the applicant also declares that all the information given herein above is true and correct to the best of his personal knowledge and belief and also understands that in the event of any information found to be untrue or incorrect, the contract of the said services is liable to be terminated forthwith.

Name of the authorized signatory

For and on Behalf of
(Name of the Company)

Designation