**Application for Biosafety Review**

*(Notification of Intention to Perform Research in Microorganism/ Genetic Manipulation)*

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| Section I (ADMINISTRATIVE)  Application No. ; Date of Receipt:  Final Status : |

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1. Project Details :

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| * 1. New / Ongoing: |
| * 1. If ongoing: Briefly state whether applied to IBSC earlier and purpose for which permission granted: |
| * 1. Does your study involve any Microorganism -- Yes [ ] No [ ]   If yes   1. Indicate the Microorganism which is going to be used in this study (as per Regulations & Guidelines for Recombinant DNA Research & Biocontainment 2017): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; & Risk Groups: [ ] 1/ [ ] 2/ [ ] 3/ [ ] 4. 2. Type of work to be carried out: [ ] Microscopy / [ ] Microbial Culture other than Cell Culture / [ ] AST/ [ ] Gene Detection by PCR or Sequencing/ [ ] Cell Culture/ [ ] Virus neutralization assay/ [ ] Recombinant DNA Technology/ [ ] Transfection into eukaryotic cells/ [ ] others (including Serology) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 3. Proposed work will be conducted at (Biosafety Level):   [ ] BSL 1/ [ ] BSL 2/ [ ] BSL 2+/ [ ] BSL 3/ [ ] BSL 3+/ [ ] BSL 4 Laboratory . |
| * 1. Duration of the study: |
| * 1. Clinical Samples/ Cultures/ DNA, RNA, Mitochondrial DNA, etc., retention period): \_\_\_\_.   2. Storage Temperature: 🖵2-6ºC/ 🖵-20ºC/ 🖵-80ºC/ 🖵 \_\_\_\_\_ ºC and Location: |
| * 1. Containment facility present with the investigator: |
| * 1. Details of disposal of waste generated commensurate with risk as per biomedical waste management regulations Act, 2016. |

1. Declaration

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| The information provided in this form is to the best of my knowledge accurate. I have ensured that all persons nominated in the initial submission or their successors are fully aware of and are in agreement with the proposal  Sign(Proposer) Date |