

TAMIL NADU VETERINARY AND ANIMAL SCIENCES UNIVERSITY
Laboratory Animal Medicine Unit, Centre for Animal Health Studies
Laboratory Animals Request/ Reservation Form

Name of the Investigator :
 Designation :
 Department :
 Institution Name :
 Postal Address :

 Phone / Mobile :
 Email ID :
 CPCSEA approval Number :

S.No	Species	Strain	No of animals required		Age or Body weight	Date Required	IAEC protocol Number* (MANDATORY)	Whether copy of IAEC approval enclosed? (MANDATORY)
			Male	Female				

Payment details:

DD No: _____ for rupees _____ drawn bank _____

(OR) Internet Banking (NEFT/ RTGS) transaction ID _____ transaction date _____

Signature of Project Investigator / Guide
 Date:
 Place:

Signature of HOD/ Institution with official seal
 Date:
 Place:

For Office Use Only

Form received on:

Application No:

Breeding required:

Animals Issued on:

Species: Male: Female:

Total:

Payment details:

Entered in P.No. _____ of stock register

Vehicle No:

Signature and Date