

AAU PHYTOTRONE FACILITY
DBT-North East Centre for Agricultural Biotechnology
Assam Agricultural University, Jorhat-785013

Information to be provided by the User Scientist for use of Phytotron facility

1. **User Scientist Name, designation and address :**

2. **User Scientist Email ID, Mobile No. :**

3. **Title of the study:**

4. **Nature of Research:** (Please tick)

- a. Molecular/Biotechnological/transgenics ()
- b. Pathological ()
- c. Physiological ()
- d. Biochemical ()
- e. Genetics/Breeding ()
- f. Ecological/Environment ()

5. **Objectives of the study:**

6. **Methodology (if necessary, use a separate sheet):**

7. **Funding source to meet the expenditure (if required):**

8. **Type of Facility required:**

- a. Growth Chamber ()
- b. Green House/glasshouse ()

9. **Space measurement:**

10. **Desired growth condition required :**

Temperature	Day (°C)	Night (°C)
Light Intensity	Day (Klux)	Night (klux)
Light Duration	Day (hrs)	Night (hrs)
CO ₂ level (if needed)	Day (ppm)	Night (ppm)

11. **Plant maintenance, pest control, watering/nutrient supplement, etc. required:** (Yes/No)

(Twice daily)

(Daily)

(Once in two days)

(Once in three days)

12. **Number of Posts (to be used/experiment)**

a. **Size:** (4") (6") (8") (10") (12")

b. **Numbers:** () () () () ()

13. **Expected Duration of the Experiment :** () Days ()Months

14. **Expected Start Date:**

Declaration:

The DBT-NECAB is not responsible for any unforeseen consequences that may lead to failure of the experiment. Hence, the concerned applicant is requested to be in touch with the In-Charge Phytotron Facility; regularly during the experimentation.

Signature of the Concerned Scientist with Date and Official seal:

Approved By: